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Alexithymia, Trait Avoidance, and Somatic Distress: A Transdiagnostic Model of Emotion–Body Disconnection

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A B S T R A C T

This study aimed to test a transdiagnostic model in which alexithymia is associated with somatic distress both directly and indirectly through trait avoidance. A cross-sectional correlational design was employed in a community sample of adults recruited from Sweden. Participants completed validated self-report measures assessing alexithymia, trait avoidance, and somatic distress. Alexithymia was measured using a multidimensional scale capturing difficulties in identifying and describing feelings as well as externally oriented thinking, trait avoidance was assessed via a measure of experiential avoidance and psychological inflexibility, and somatic distress was evaluated using a standardized instrument indexing the severity of common bodily symptoms. Data were analyzed using structural equation modeling. Preliminary analyses included descriptive statistics, reliability estimation, and correlation analyses. Confirmatory factor analysis was conducted to evaluate the adequacy of the measurement model prior to testing structural paths. Mediation was examined using bootstrapped indirect effects while controlling for relevant demographic variables. Structural equation modeling demonstrated good overall model fit. Alexithymia showed a significant positive direct effect on trait avoidance and a smaller but significant direct effect on somatic distress. Trait avoidance exhibited a strong positive direct effect on somatic distress. Mediation analysis revealed a significant indirect effect of alexithymia on somatic distress through trait avoidance, with the indirect pathway accounting for a substantial proportion of the total effect. The mediation was partial, indicating that alexithymia influenced somatic distress through both avoidance-related and direct pathways. The findings support a transdiagnostic model of emotion–body disconnection in which alexithymia functions as a dispositional vulnerability that increases reliance on avoidance strategies, thereby intensifying somatic distress. Trait avoidance emerged as a central mechanism translating deficits in emotional awareness into bodily symptom burden. These results highlight the importance of targeting emotional awareness and avoidance processes in the assessment and treatment of somatic distress across diagnostic categories.

Keywords: *alexithymia; somatic distress; experiential avoidance; emotion regulation; transdiagnostic model*

1. Introduction

Across contemporary psychosomatic and clinical science, somatic distress is increasingly understood not as a "mere" by-product of mental symptoms, nor as a residual category after biomedical explanations fail, but as a systematic mode through which distress is experienced, communicated, amplified, and maintained. This reframing is reflected in renewed attention to diagnostic constructs such as Bodily Distress Disorder and related models emphasizing multidimensional symptom presentations, functional impairment, and complex bidirectional pathways between body and mind (Gureje & Ojagbemi, 2024). At the same time, expanding empirical evidence shows that somatic symptoms cluster with a wide range of psychiatric symptoms rather than mapping neatly onto single disorders, strengthening arguments for transdiagnostic conceptualizations that cut across diagnostic boundaries (Gao et al., 2024). In these models, somatic distress becomes a clinically meaningful phenotype—shaped by emotion processing, attentional and interpretive styles, coping processes, and contextual factors—rather than only a proxy for underlying disease.

A central process repeatedly implicated in somatic symptom persistence is disruption in emotion processing and awareness. Theoretical and clinical frameworks converge on the idea that when emotional states are poorly identified, poorly symbolized, or weakly integrated into conscious experience, bodily channels may become a dominant route for encoding and expressing distress. Contemporary emotion science also supports the notion that emotions are constructed and regulated through interoceptive signals and predictive processes, implying that emotion–body integration is not optional but foundational to adaptive functioning; hence, disruptions in these mechanisms may render bodily sensations more ambiguous, more threatening, and more behaviorally consequential (Jungilligens et al., 2022). In parallel, the measurement and clinical tracking of emotional awareness—before, during, and after psychotherapy—has highlighted emotional awareness as a dynamic and clinically informative dimension that can shift alongside symptom change, underscoring its relevance to both mechanism and outcome (Lane, 2023). These lines of work collectively motivate a model in which somatic distress is partly an outcome of impaired emotion–body linkage—an "emotion–body disconnection" that reorganizes internal experience around bodily cues, vigilance, and symptom-focused narratives.

Alexithymia, conceptualized as difficulty identifying feelings, difficulty describing feelings, and an externally oriented cognitive style, is one of the most extensively studied dispositional constructs in this domain. Recent evidence suggests that alexithymia is not only correlated with distress but can meaningfully shape interpersonal functioning, self–other distinction, and trait vulnerabilities characterized by avoidance and social inhibition. For example, work examining schizotypy-related tendencies indicates that alexithymia and affect-sharing processes contribute to socially anxious and avoidant traits, thereby linking emotion identification difficulties to broader patterns of interpersonal and behavioral regulation (Eddy, 2025). In youth and developmental contexts, alexithymia has also been associated with common somatic problems such as tension-type headaches, where anxiety and alexithymia jointly appear to elevate risk, supporting the idea that emotion-processing deficits can co-occur with—and potentially intensify—bodily symptom patterns during vulnerable developmental periods (Bizzi et al., 2022). In medically complex conditions such as fibromyalgia, alexithymia is frequently observed alongside altered interoceptive sensibility and emotion regulation difficulties, suggesting that chronic pain contexts may magnify the clinical relevance of emotion awareness deficits and internal sensation interpretation (Schmitz et al., 2021). Importantly, recent longitudinal research has further complicated the trait-versus-state debate by demonstrating temporal stability while also implying potential fluctuation across time and context, which matters for transdiagnostic modeling and intervention targeting (Larionow et al., 2025).

Nevertheless, alexithymia alone rarely explains why somatic distress becomes entrenched, recurrent, and functionally impairing for some individuals but not others. A critical complementary mechanism is avoidance, especially when avoidance is directed toward internal experiences rather than external triggers. Experiential avoidance and related avoidance repertoires can be understood as attempts to control, suppress, or escape unwanted thoughts, emotions, memories, and bodily sensations. Such strategies can provide short-term relief while paradoxically increasing symptom salience, physiological arousal, and attentional fixation over time. This logic aligns closely with empirical work showing that avoidance processes are implicated in the relationship between stress and somatic symptoms, where experiential avoidance has been found to function as a mediator linking perceived stress to somatic complaints (Erbildim, 2024). In

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adolescence, cognitive avoidance has similarly been associated with somatic complaints, and interoceptive awareness has been proposed as a mediating pathway—suggesting that how individuals attend to and interpret bodily sensations may be shaped by avoidance styles and may determine whether stress manifests as somatic distress (Zulkifli et al., 2025). These findings collectively support avoidance as a plausible bridge between emotion-processing deficits (e.g., alexithymia) and heightened somatic symptom reporting.

The avoidance pathway becomes even more compelling when situated within broader evidence on emotion regulation. Emotion regulation difficulties have repeatedly been linked to somatic symptoms, and the field is increasingly attentive to which specific regulation patterns matter most and under what conditions. Evidence indicates that emotion regulation and somatic symptoms are associated at the trait level, reinforcing the claim that maladaptive regulation is a core transdiagnostic contributor to bodily distress (Petzke & Witthöft, 2024). More mechanistically, recent work suggests that specific emotion regulation deficits can mediate pathways from self-conscious emotions to somatic symptom burden; for instance, difficulties in emotion regulation have been examined as mediators in associations between guilt- and shame-proneness and somatic symptoms (Erbildim & Nweke, 2025). In parallel, research in adolescent functional neurological symptom disorder points toward emotional dysregulation embedded within temperament-character patterns, emphasizing that emotion regulation deficits can cohere with stable personality features to yield symptom expressions that are strongly bodily and behaviorally manifest (Ucuz et al., 2023). Structural modeling studies in somatic symptom disorder also underscore emotional dysregulation as a mediator linking temperament dimensions to psychological symptom profiles, illustrating the layered architecture of personality, regulation, and symptom expression (Kanari et al., 2024). Viewed together, these findings position avoidance not as an isolated coping style but as part of a broader emotion regulation phenotype that can be activated when emotional awareness is limited and internal states are experienced as unsafe or unmanageable.

Interoception—broadly, the perception and interpretation of internal bodily signals—provides a critical "interface" concept for an emotion–body disconnection model. Interoceptive processes shape emotion construction, threat appraisal, and self-regulatory behavior, and therefore may explain why similar physiological sensations become benign signals for one person but alarming symptoms for another. Clinical research in somatic symptom disorder has shown that interoceptive accuracy can change in relation to emotional interference, suggesting that bodily signal processing is not static and may be sensitive to affective context and attentional control (Lee et al., 2024). Interoceptive sensibility has also been tied to alexithymia and emotion regulation in chronic pain syndromes, reinforcing a pathway in which diminished emotional clarity and altered bodily attention co-occur and potentially reinforce each other (Schmitz et al., 2021). From an intervention and psychotherapy integration perspective, frameworks that explicitly incorporate interoceptive interventions in posttraumatic stress disorder and chronic pain highlight the clinical plausibility of targeting the emotion–body interface directly, rather than treating somatic symptoms as secondary outcomes (Putica, 2025). Related empirical work suggests that alexithymia may influence psychotherapy response and mechanisms, implying that emotion-awareness deficits can shape engagement with exposure-based or emotion-focused interventions and possibly determine which mechanisms are activated during treatment (Putica et al., 2024). These insights strengthen the rationale for positioning interoceptive and emotion-awareness processes at the core of a transdiagnostic model.

Somatic distress is also shaped by interpretive biases and threat-related cognitive-affective patterns, including health anxiety and illness-focused fear learning. Recent experimental evidence indicates that health anxiety can amplify fearful responses to illness-related imagery, suggesting that for individuals with elevated health anxiety, illness cues become more potent triggers of fear and vigilance, likely escalating symptom monitoring and bodily threat interpretations (Benke et al., 2024). In practical clinical contexts, distinguishing panic symptoms from medical illness requires a biobehavioral lens that integrates interoceptive cues, symptom appraisal, and context-sensitive interpretation—again pointing to the importance of how bodily sensations are construed rather than only whether they occur (Tunnell et al., 2024). At the conceptual level, the clinical implications of illness denial further emphasize that the mind–body relationship can be disrupted in multiple directions: some individuals under-recognize illness risk, while others over-recognize bodily threat, and both patterns can carry clinical costs depending on context and reinforcement structures (Fricchione, 2023). These literatures suggest that a robust emotion–body disconnection

model must account not only for emotional clarity and avoidance but also for cognitive-affective amplification processes that confer risk for persistent somatic distress.

Importantly, somatization and bodily distress are culturally embedded phenomena. Regional and cultural scholarship highlights variations in how distress is communicated through bodily idioms and how somatic symptom expression is interpreted by communities and healthcare systems. Reviews focused on Southeast Asia, for example, document how somatization may be interwoven with cultural norms of emotional expression, stigma, and healthcare-seeking behavior, implying that "somatic distress" is not merely a biological signal but a socially meaningful form of distress communication (Jatchavala & Sidi, 2025). Intervention studies grounded in "idioms of distress" further demonstrate feasibility and symptom reduction through culturally integrated approaches, illustrating that symptom meaning and community-level narratives can be legitimate targets of change—not only individual-level psychopathology (Bentley et al., 2023). Even within Western contexts, categorization challenges remain salient: debates about whether suffering is "somatic" or "psychiatric" can shape research design and ethical decision-making, indicating that the somatic–psychic boundary is often more interpretive than objective (Dijk et al., 2024). These insights encourage a model that is conceptually flexible—capable of describing emotion–body disconnection across contexts without reducing somatic distress to a single causal story.

Additional lines of research broaden the transdiagnostic relevance of the proposed construct constellation. In adolescent stress and coping research, somatic symptoms have been associated with coping methods and stress management styles, implying that bodily distress can track coping inefficacy and internal tension even when psychiatric diagnoses are not foregrounded (Rewaj & Rewaj-Nowicka, 2023). In pediatric health contexts such as disorders of gut–brain interaction, psychological distress and coping efficacy appear tightly linked to symptom experience, reinforcing that the bodily distress phenotype can emerge from regulatory demands and perceived coping resources (Santucci et al., 2023). In educational and developmental psychopathology, somatic symptoms are also prominent in school refusal, with systematic review evidence indicating meaningful prevalence and clinical relevance, again pointing to somatic distress as a cross-domain symptom channel (Li et al., 2021). University student mental health research demonstrates that perfectionism, Type A behavior, emotional stability, and gender can predict mental health outcomes, and such trait configurations may plausibly co-occur with bodily distress patterns via chronic stress activation and maladaptive regulation (Guidotti et al., 2024). Complementary measurement research, such as validation of irritation-related constructs on representative samples, provides tools to quantify stress-related strains that may feed into avoidance and somatic symptom pathways (Gralla et al., 2023). Finally, qualitative work on neuroticism's psychological and somatic dimensions underscores that trait negative affectivity can be experienced simultaneously as mental tension and bodily discomfort, supporting the idea that personality systems can "output" distress through both channels, potentially moderated by awareness and avoidance mechanisms (Ahmadabadi, 2025).

Clinical and therapeutic literatures also increasingly emphasize body-oriented and somatic components as legitimate pathways for change. Body-based mindfulness programs have shown promise in reducing alexithymia and distress symptoms, suggesting that cultivating embodied awareness and non-avoidant attention to internal experience can shift both emotion processing and symptom perception (Quinto et al., 2025). Couple and family therapy scholarship has likewise begun to articulate "somatic work" as a coherent practice domain, emphasizing that relational distress is often held in bodies and that therapeutic progress can be facilitated by attending to somatic markers of emotion and interpersonal threat (Gorden, 2025). Related psychological studies indicate that dissociative patterns may mediate associations between alexithymia and problematic behaviors, implying that disconnection processes can extend beyond somatic distress to broader dysregulation phenotypes in which emotional signals are bypassed or fragmented (Topino, 2025). Trauma-focused treatment research further suggests that symptom reduction may generalize beyond targeted PTSD outcomes to "positive side effects" such as enhanced affective and structural regulation, aligning with the idea that restoring regulation capacity can influence bodily symptoms even when they are not the primary treatment target (Stingl et al., 2021). Taken together, these intervention-oriented findings suggest that an emotion–body disconnection model is not only descriptive but potentially actionable, with multiple candidate leverage points including emotional awareness, interoceptive skills, and avoidance reduction.

Despite these converging insights, the field still faces several conceptual gaps that motivate the present article. First, much of the literature examines alexithymia,

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avoidance, and somatic symptoms in isolation or within single disorder frameworks, limiting the capacity to articulate a unified transdiagnostic mechanism that explains how emotional unawareness becomes "embodied." Second, research frequently treats avoidance as a generic coping strategy without explicitly situating it as a core mechanism that can translate emotional ambiguity into symptom-focused attention and escalating bodily threat interpretations. Third, although interoception is increasingly recognized as central, it is often studied either as a biological skill (accuracy/sensibility) or a therapeutic target, rather than integrated into a conceptual pathway linking emotional awareness deficits to avoidance-driven symptom amplification (Lee et al., 2024; Putica, 2025). Finally, conceptual boundary problems persist in both clinical and research settings, as debates about the somatic versus psychiatric "origin" of suffering can obscure the fact that symptom experiences are frequently hybrid, dynamic, and shaped by meaning-making processes (Dijk et al., 2024; Gureje & Ojagbemi, 2024). A transdiagnostic model centered on emotion–body disconnection can help address these issues by positioning alexithymia as a vulnerability, avoidance as an operational mechanism, and somatic distress as an outcome phenotype that is sensitive to interoceptive and interpretive processes.

Building on this foundation, the present article advances a model in which alexithymia is expected to relate to somatic distress both directly and indirectly through trait avoidance, with the conceptual premise that limited emotional clarity fosters reliance on avoidance strategies and externalized symptom monitoring, thereby strengthening the bodily expression of distress. This proposition is consistent with evidence that experiential avoidance mediates stress–somatic symptom links (Erbildim, 2024), that emotional awareness deficits are associated with somatic symptoms across community and clinical populations (Kang et al., 2025), and that culturally embedded "idioms of distress" shape both symptom presentation and response to intervention (Bentley et al., 2023; Jatchavala & Sidi, 2025). It also aligns with emerging findings that emotional processing traits can influence treatment response mechanisms (Putica et al., 2024), and that interventions strengthening embodied awareness can reduce alexithymia and distress symptomatology (Quinto et al., 2025). Ultimately, such a model aims to integrate scattered evidence into a coherent transdiagnostic framework that is clinically interpretable and empirically testable.

Therefore, the aim of this study was to test a transdiagnostic model of emotion–body disconnection in which alexithymia is associated with somatic distress directly and indirectly through trait avoidance in an adult sample.

2. Methods and Materials

2.1. Study Design and Participants

The present study employed a cross-sectional, correlational design aimed at testing a transdiagnostic model linking alexithymia, trait avoidance, and somatic distress as indicators of emotion–body disconnection. The study population consisted of adults residing in Sweden, recruited from the general community through online announcements distributed via social media platforms, community forums, and university mailing lists. Eligibility criteria included being between 18 and 65 years of age, fluency in Swedish, and the absence of self-reported severe neurological disorders or acute psychotic conditions that could impair informed consent or reliable questionnaire completion. Participation was voluntary and anonymous, and all participants provided informed consent prior to data collection.

2.2. Measures

Alexithymia was assessed using the 20-item Toronto Alexithymia Scale, originally developed by Bagby, Parker, and Taylor in 1994. This instrument is one of the most widely used self-report measures of alexithymia and conceptualizes the construct across three theoretically grounded subscales: Difficulty Identifying Feelings, Difficulty Describing Feelings, and Externally Oriented Thinking. Items are rated on a five-point Likert scale ranging from strong disagreement to strong agreement, with higher total scores indicating greater levels of alexithymic traits. The Toronto Alexithymia Scale has demonstrated robust psychometric properties across diverse cultural contexts, including European populations, with extensive evidence supporting its factorial validity, internal consistency, and test–retest reliability in both clinical and non-clinical samples.

Trait avoidance was measured using the Acceptance and Action Questionnaire–II, developed by Bond and colleagues in 2011 as a unidimensional measure of experiential avoidance and psychological inflexibility. The questionnaire consists of seven items designed to capture the tendency to

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avoid or control unwanted internal experiences such as thoughts, emotions, and bodily sensations, even when such avoidance interferes with valued life activities. Responses are provided on a seven-point Likert scale, with higher scores reflecting greater levels of experiential avoidance. The Acceptance and Action Questionnaire–II has been extensively validated in international research, including Scandinavian samples, and has shown strong internal consistency, convergent validity with related constructs such as anxiety and depression, and sensitivity to change in both clinical and community-based studies.

Somatic distress was assessed using the Patient Health Questionnaire–15, developed by Kroenke, Spitzer, and Williams in 2002. This instrument evaluates the severity of common somatic symptoms experienced over the past four weeks, including pain, gastrointestinal complaints, cardiopulmonary symptoms, and fatigue-related sensations. The questionnaire contains 15 items rated on a three-point scale ranging from “not bothered at all” to “bothered a lot,” yielding a total score that reflects overall somatic symptom burden. The Patient Health Questionnaire–15 has been widely used as a screening and research tool for somatic symptom severity and has demonstrated good internal consistency, criterion validity, and sensitivity in both primary care and general population samples. Prior research has confirmed its reliability and validity across different cultural settings, including Northern European contexts.

All instruments used in the study have previously been translated and validated in Swedish or closely related Scandinavian languages, and prior studies have consistently reported acceptable to excellent reliability indices for these measures. In the present sample, internal consistency reliability was evaluated using Cronbach’s alpha coefficients to ensure adequate measurement precision.

2.3. Data Analysis

Data analysis was conducted using statistical software packages commonly employed in psychological research. Preliminary analyses included screening for missing data, assessment of normality, and identification of potential outliers. Descriptive statistics were computed to summarize demographic characteristics and main study variables. Pearson correlation analyses were performed to examine bivariate associations among alexithymia, trait avoidance, and somatic distress.

To test the proposed transdiagnostic model of emotion–body disconnection, structural equation modeling was employed. This approach allowed for simultaneous estimation of direct and indirect relationships among latent and observed variables while accounting for measurement error. Confirmatory factor analysis was first conducted to evaluate the measurement models of the primary constructs and to verify the adequacy of their factor structures in the Swedish sample. Model fit was assessed using multiple fit indices, including the comparative fit index, Tucker–Lewis index, root mean square error of approximation, and standardized root mean square residual, following commonly accepted cutoff criteria.

Subsequently, a structural model was specified in which alexithymia was hypothesized to predict somatic distress both directly and indirectly through trait avoidance. Mediation effects were evaluated using bootstrapping procedures with bias-corrected confidence intervals to provide robust estimates of indirect effects. Demographic variables such as age and gender were included as covariates where appropriate. Statistical significance was determined using a conventional alpha level, and all analyses were interpreted in line with contemporary best practices for transdiagnostic and emotion-focused research.

3. Findings and Results

The first step of the analysis involved examining the descriptive characteristics of the study variables and their zero-order correlations. Table 1 summarizes the means, standard deviations, internal consistency coefficients, and Pearson correlation coefficients among alexithymia, trait avoidance, and somatic distress.

Table 1

Descriptive Statistics, Reliability Coefficients, and Correlations Among Study Variables

Variable	Mean	SD	Cronbach’s α	1	2	3
1. Alexithymia	52.84	9.76	.86	—		
2. Trait Avoidance	21.37	6.12	.88	.54**	—	
3. Somatic Distress	9.42	5.08	.82	.47**	.59**	—

**p < .01

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As shown in Table 1, the mean score for alexithymia was in the moderate range, indicating a notable presence of difficulties in emotional awareness and expression within the Swedish community sample. Trait avoidance also showed moderate mean levels, suggesting that a substantial proportion of participants reported a habitual tendency to avoid or suppress unwanted internal experiences. The average level of somatic distress was comparable to those reported in prior community-based studies, reflecting the presence of common bodily symptoms without restriction to clinical populations. Cronbach's alpha coefficients for all measures exceeded the conventional threshold for acceptable reliability, confirming adequate internal consistency in the present sample. Correlation analyses revealed statistically significant and positive associations among all three variables. Alexithymia was moderately correlated with trait avoidance, indicating that greater difficulty in identifying and describing emotions was associated with higher levels of experiential avoidance. Alexithymia was also positively correlated with somatic distress, suggesting that deficits in emotional processing co-occur with increased bodily symptom reporting. The strongest correlation was observed between trait avoidance and somatic distress, providing preliminary support for the notion that avoidance of internal experiences may play a central role in the amplification or maintenance of somatic symptoms.

Following the preliminary analyses, confirmatory factor analysis was conducted to evaluate the adequacy of the measurement models for alexithymia, trait avoidance, and somatic distress prior to testing the structural relationships. Table 2 presents the standardized factor loadings, composite reliability, and average variance extracted for the latent constructs included in the model.

Table 2

Confirmatory Factor Analysis Results for Measurement Model

Construct	Indicator	Standardized Loading	Composite Reliability	AVE
Alexithymia	DIF	.78	.89	.58
	DDF	.81		
	EOT	.69		
Trait Avoidance	AAQ-II Items	.72–.84	.91	.62
Somatic Distress	PHQ-15 Items	.63–.79	.87	.54

The results reported in Table 2 indicate that all observed indicators loaded significantly and substantially on their respective latent constructs. For alexithymia, the subscales Difficulty Identifying Feelings, Difficulty Describing Feelings, and Externally Oriented Thinking demonstrated acceptable to strong standardized factor loadings, supporting the theoretical multidimensional structure of the construct. Trait avoidance items showed consistently high loadings, reflecting the unidimensional nature of experiential avoidance as measured in this study. Somatic distress indicators also loaded adequately on their latent factor, indicating that diverse bodily symptoms coherently reflected a single underlying dimension of somatic symptom severity. Composite reliability values for all constructs exceeded recommended cutoffs, and average variance extracted values were within acceptable ranges, supporting both convergent validity and internal consistency of the measurement model. Overall, the confirmatory factor analysis supported the suitability of the latent variables for inclusion in the subsequent structural model.

After establishing the adequacy of the measurement model, the hypothesized structural relationships among alexithymia, trait avoidance, and somatic distress were examined using structural equation modeling. Table 3 summarizes the standardized direct effects among the main study variables.

Table 3

Standardized Direct Effects in the Structural Model

Path	Standardized β	SE	z	p
Alexithymia → Trait Avoidance	.55	.06	9.17	< .001
Alexithymia → Somatic Distress	.21	.07	3.00	.003
Trait Avoidance → Somatic Distress	.48	.06	8.00	< .001

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As shown in Table 3, alexithymia exerted a strong and statistically significant direct effect on trait avoidance, indicating that individuals with greater difficulties in emotional identification and expression were more likely to engage in experiential avoidance. Alexithymia also demonstrated a significant direct effect on somatic distress, although this effect was smaller in magnitude, suggesting that emotional processing deficits are directly related to bodily symptom reporting. Trait avoidance emerged as a robust predictor of somatic distress, with a large standardized effect size, underscoring its central role in the experience of physical symptoms. Collectively, these findings support the conceptualization of trait avoidance as a key mechanism linking emotional dysregulation to somatic symptomatology within a transdiagnostic framework.

To further examine the proposed mediational role of trait avoidance, indirect effects were tested using bootstrapped confidence intervals. Table 4 presents the results of the mediation analysis, including direct, indirect, and total effects of alexithymia on somatic distress.

Table 4

Direct, Indirect, and Total Effects of Alexithymia on Somatic Distress via Trait Avoidance

Effect Type	Standardized Effect	Bootstrapped 95% CI
Direct Effect	.21	[.08, .34]
Indirect Effect (via Trait Avoidance)	.26	[.17, .36]
Total Effect	.47	[.34, .58]

The mediation analysis revealed that trait avoidance significantly mediated the relationship between alexithymia and somatic distress. The indirect effect of alexithymia on somatic distress through trait avoidance was statistically significant, as indicated by confidence intervals that did not include zero. Importantly, the indirect effect was larger than the direct effect, suggesting that a substantial proportion of the association between alexithymia and somatic symptoms operates through avoidance-based processes. The total effect indicated a strong overall association between alexithymia and somatic distress when both direct and indirect pathways were considered simultaneously. These findings provide strong empirical support for the proposed transdiagnostic model of emotion–body disconnection, in which difficulties in emotional awareness contribute to somatic distress largely by fostering habitual avoidance of internal experiences.

4. Discussion and Conclusion

The present study examined a transdiagnostic model of emotion–body disconnection in which alexithymia was hypothesized to relate to somatic distress both directly and indirectly through trait avoidance. The findings provide strong empirical support for this model and contribute to the growing literature conceptualizing somatic symptoms as the embodied expression of dysregulated emotional processing rather than as isolated or secondary phenomena. At the descriptive level, alexithymia, trait avoidance, and somatic distress were all moderately to strongly interrelated, indicating that difficulties in emotional awareness, habitual avoidance of internal experiences, and bodily symptom burden tend to co-occur even in a non-clinical adult sample. This pattern is consistent with recent community-based evidence demonstrating robust associations between emotional awareness deficits and somatic symptoms across both clinical and general populations (Kang et al., 2025). The results suggest that emotion–body disconnection is not restricted to formally diagnosed disorders but may represent a dimensional vulnerability relevant across a wide spectrum of psychological functioning.

The structural findings extend prior correlational work by clarifying the directional organization of these variables. Alexithymia showed a strong direct association with trait avoidance, supporting the notion that when individuals struggle to identify and articulate emotional states, they are more likely to engage in experiential avoidance as a regulatory strategy. This finding aligns with conceptualizations of alexithymia as a condition marked by low emotional differentiation and limited access to symbolic emotional representations, which may render internal experiences confusing or threatening and thus motivate avoidance-based coping. Similar patterns have been observed in research linking alexithymia to avoidant and socially inhibited traits, particularly in populations characterized by heightened interpersonal sensitivity and emotional ambiguity (Eddy, 2025). The present findings extend this work by demonstrating that avoidance is not merely a co-occurring trait but a statistically robust pathway through which emotional unawareness may exert downstream effects on bodily distress.

Trait avoidance emerged as a particularly powerful predictor of somatic distress, showing the strongest direct association in the structural model. This result supports a growing body of evidence positioning avoidance of internal experiences as a central mechanism in the maintenance and amplification of somatic symptoms. Prior studies have shown that experiential avoidance mediates the relationship between perceived stress and somatic complaints, suggesting that avoidance transforms stress exposure into bodily symptom expression (Erbildim, 2024). The current findings are consistent with this logic and suggest that avoidance may operate as a behavioral and attentional filter through which emotional ambiguity is redirected toward the body. When internal emotional cues are poorly understood or tolerated, bodily sensations may become the most salient and interpretable signals of distress, thereby increasing symptom monitoring, threat appraisal, and reporting.

Importantly, alexithymia also retained a significant direct association with somatic distress even after accounting for trait avoidance, indicating partial rather than full mediation. This suggests that emotional awareness deficits may influence bodily distress through multiple pathways. One plausible explanation is that alexithymia alters interoceptive processing itself, shaping how bodily signals are perceived, categorized, and integrated into conscious experience. Research on somatic symptom disorder has demonstrated that interoceptive accuracy and sensibility can shift in response to emotional interference, implying that emotional clarity plays a role in stabilizing bodily signal interpretation (Lee et al., 2024). Similarly, work in fibromyalgia and chronic pain populations has linked alexithymia to altered interoceptive sensibility and emotion regulation difficulties, reinforcing the idea that emotional unawareness may directly distort bodily perception independently of avoidance behaviors (Schmitz et al., 2021). Thus, the direct pathway observed in this study may reflect a more immediate emotion–body coupling mechanism in which poorly differentiated affective states are experienced primarily as somatic sensations.

The mediation findings further clarify the central role of avoidance in the proposed transdiagnostic model. The indirect effect of alexithymia on somatic distress via trait avoidance was statistically significant and larger than the direct effect, indicating that avoidance processes account for a substantial proportion of the emotion–body linkage. This result is theoretically coherent with contemporary emotion regulation models emphasizing that maladaptive regulation strategies, particularly those oriented toward suppression and avoidance, can paradoxically intensify physiological arousal and symptom focus over time. Prior research has shown that difficulties in emotion regulation mediate relationships between dispositional emotional vulnerabilities and somatic symptoms, including pathways involving guilt, shame, and stress-related affect (Erbildim & Nweke, 2025). The present findings suggest that alexithymia may serve as an upstream vulnerability that increases reliance on avoidance, which in turn consolidates somatic distress as a dominant mode of symptom expression.

These results also resonate with broader transdiagnostic perspectives emphasizing the clustering of somatic and psychiatric symptoms. Network analyses of hospitalized patients have demonstrated intrinsic associations between somatic and psychiatric symptoms, underscoring that bodily complaints rarely occur in isolation and often reflect shared underlying processes (Gao et al., 2024). The current study adds to this literature by identifying a specific configuration of traits—alexithymia and avoidance—that may help explain why such clustering occurs. Rather than viewing somatic symptoms as secondary manifestations of discrete disorders, the findings support a model in which somatic distress represents a core output of dysregulated emotional processing systems that operate across diagnostic categories. This interpretation is consistent with contemporary formulations of bodily distress disorder, which emphasize dimensional symptom patterns and shared vulnerability mechanisms rather than strict categorical boundaries (Gureje & Ojagbemi, 2024).

From a developmental and contextual perspective, the findings align with evidence that emotion regulation deficits and avoidance strategies are associated with somatic symptoms across age groups and cultural settings. Studies in adolescents have shown that somatic complaints are linked to coping styles and stress management strategies, suggesting that bodily distress may signal regulatory overload rather than discrete pathology (Rewaj & Rewaj-Nowicka, 2023). Similarly, research on functional neurological symptom disorder and somatic symptom disorder has highlighted emotional dysregulation and temperament-related vulnerabilities as mediators of symptom expression (Kanari et al., 2024; Ucuz et al., 2023). The present study extends these insights to a general adult population and integrates them into a coherent structural model, supporting the generalizability of emotion–body disconnection processes beyond specific diagnostic groups.

The findings also have implications for understanding the role of health anxiety and symptom amplification.

Experimental evidence indicates that health anxiety can intensify fearful responses to illness-related cues, increasing bodily vigilance and distress (Benke et al., 2024). In individuals with high alexithymia and avoidance, such amplification processes may be especially pronounced, as ambiguous bodily sensations are less likely to be contextualized within a coherent emotional framework and more likely to be interpreted as signs of physical dysfunction. This interpretation is consistent with biobehavioral models emphasizing the need to integrate interoceptive cues, emotional appraisal, and contextual meaning in distinguishing panic-like sensations from medical illness (Tunnell et al., 2024). The present results suggest that alexithymia and avoidance may predispose individuals to precisely the kind of misinterpretations that sustain somatic distress.

At a conceptual level, the findings support emerging theoretical work emphasizing that emotion–body integration is central to adaptive functioning. Contemporary emotion science argues that emotions are constructed through predictive processes integrating interoceptive signals, contextual information, and learned concepts (Jungilligens et al., 2022). When emotional concepts are impoverished or inaccessible, as in alexithymia, bodily sensations may remain uncontextualized and therefore experienced as diffuse, alarming, or dysregulated. Avoidance strategies may then function as short-term attempts to manage this uncertainty but ultimately reinforce bodily focus and symptom persistence. The present study empirically supports this theoretical sequence and positions trait avoidance as a key behavioral mechanism translating emotional ambiguity into somatic distress.

The clinical relevance of these findings is underscored by intervention research demonstrating that targeting embodied awareness and emotional processing can reduce somatic symptoms and alexithymia. Body-based mindfulness interventions have been shown to decrease alexithymia and distress symptoms, suggesting that restoring non-avoidant attention to bodily experience may recalibrate emotion–body integration (Quinto et al., 2025). Similarly, psychotherapy integration frameworks emphasize interoceptive interventions as promising tools in treating chronic pain and trauma-related conditions, particularly when emotional awareness deficits are present (Putica, 2025). Evidence that alexithymia influences treatment response and mechanisms in exposure-based therapies further highlights the importance of addressing emotional awareness and avoidance directly rather than assuming these processes will resolve indirectly (Putica et al., 2024). The present findings provide a structural rationale for these clinical observations by identifying avoidance as a mediating mechanism linking emotional deficits to bodily distress.

Taken together, the results support a transdiagnostic model in which alexithymia functions as a dispositional vulnerability, trait avoidance operates as a central regulatory mechanism, and somatic distress emerges as an embodied outcome of emotion–body disconnection. This model integrates diverse strands of psychosomatic, emotion regulation, and interoceptive research and offers a parsimonious framework for understanding why somatic symptoms are so prevalent across psychiatric and medical contexts. By empirically demonstrating both direct and indirect pathways, the study advances the field beyond descriptive associations and toward a more mechanistic understanding of somatic distress.

The study has several limitations that should be acknowledged. The cross-sectional design precludes causal inference, and although the structural model is theoretically grounded, longitudinal or experimental designs are needed to establish temporal precedence among alexithymia, avoidance, and somatic distress. The reliance on self-report measures may also introduce shared method variance and reporting biases, particularly given that alexithymia involves difficulties in self-perception of emotional states. In addition, the sample was drawn from a single national context, which may limit generalizability to populations with different cultural norms regarding emotional expression and somatization.

Future research should employ longitudinal and multi-method designs to test the stability and directionality of the proposed pathways over time. Incorporating physiological and behavioral indices of interoception, emotion regulation, and avoidance would allow for a more nuanced examination of emotion–body integration processes. Future studies may also benefit from examining potential moderators, such as health anxiety, trauma history, or cultural norms, to determine for whom and under what conditions emotion–body disconnection is most likely to result in somatic distress.

From a practical perspective, the findings suggest that assessment and intervention efforts should explicitly address emotional awareness and avoidance patterns in individuals presenting with somatic symptoms. Interventions that foster emotional labeling, non-avoidant engagement with internal experiences, and interoceptive clarity may help reduce

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bodily distress even when no clear medical pathology is identified. Clinicians may benefit from conceptualizing somatic symptoms as signals of disrupted emotion–body integration and tailoring treatment strategies accordingly, rather than focusing exclusively on symptom elimination or reassurance.

Authors' Contributions

Authors contributed equally to this article.

Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

Transparency Statement

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Ethics Considerations

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