

Emotion conceptualisation in FND: a preliminary investigation

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Introduction

- Evidence suggests that emotion processing differences may play an important role in the development and maintenance of FND (Pick et al. 2019).
- People with FND report increased symptoms in response to affective stimuli (Pick et al. 2024).
- FND is also associated with heightened implicit responding to emotional stimuli, coupled with reduced subjective awareness of emotion (Pick et al., 2019),
- It has been suggested that these affective features may result, in part, from differences in the way emotions are conceptualised and linked with bodily sensations.

Aim

Do people with FND show differences in their conceptualisation of emotions relative to i) healthy controls, and ii) a control group of people with anxiety disorders?

Participants and design

- Web-based cross-sectional study
- 3 participant groups:
 - Mixed FND group, n=35
 - Healthy control group, n=35
 - Anxiety control group, n=35

Measures

Emotional complexity:

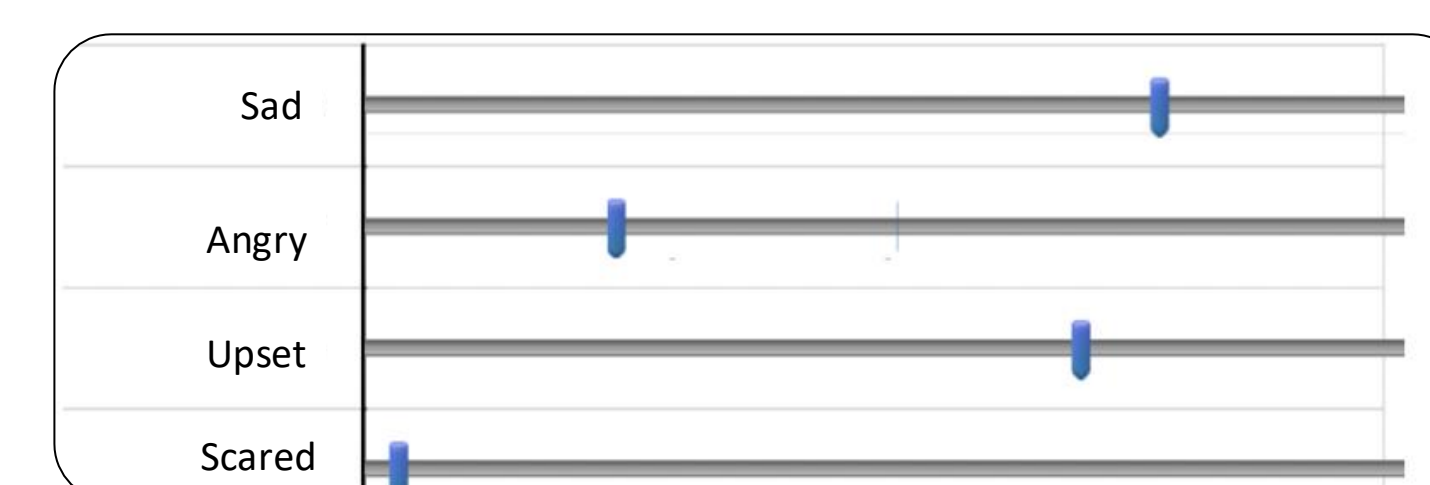
- The Levels of Emotional Awareness Scale (Lane, 1990) was designed to assess the complexity with which someone can conceptualise and describe i) their own and ii) someone else's emotions.

Example item: *'Your boss tells you that your work has been unacceptable and needs to be improved. How would you feel? How would your boss feel?'*

Responses are scored in terms of the number and complexity of emotion terms used.

Emotion differentiation:

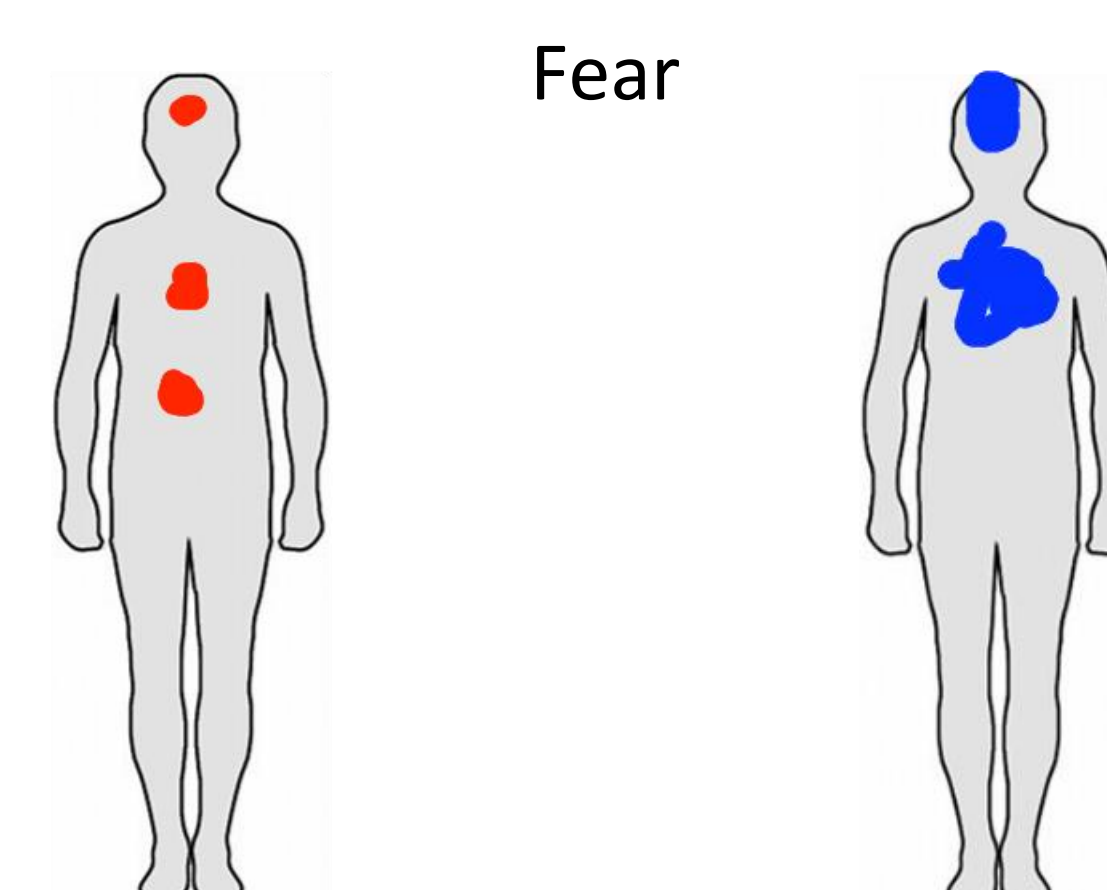
- Self-report measure: Range and Differentiation of Emotional Experience Scale (Kang & Shaver, 2004).
- Affective picture rating task (Erbas et al. 2014): covariation in ratings of different emotions across a set of affective stimuli.



Emotion-related body sensations:

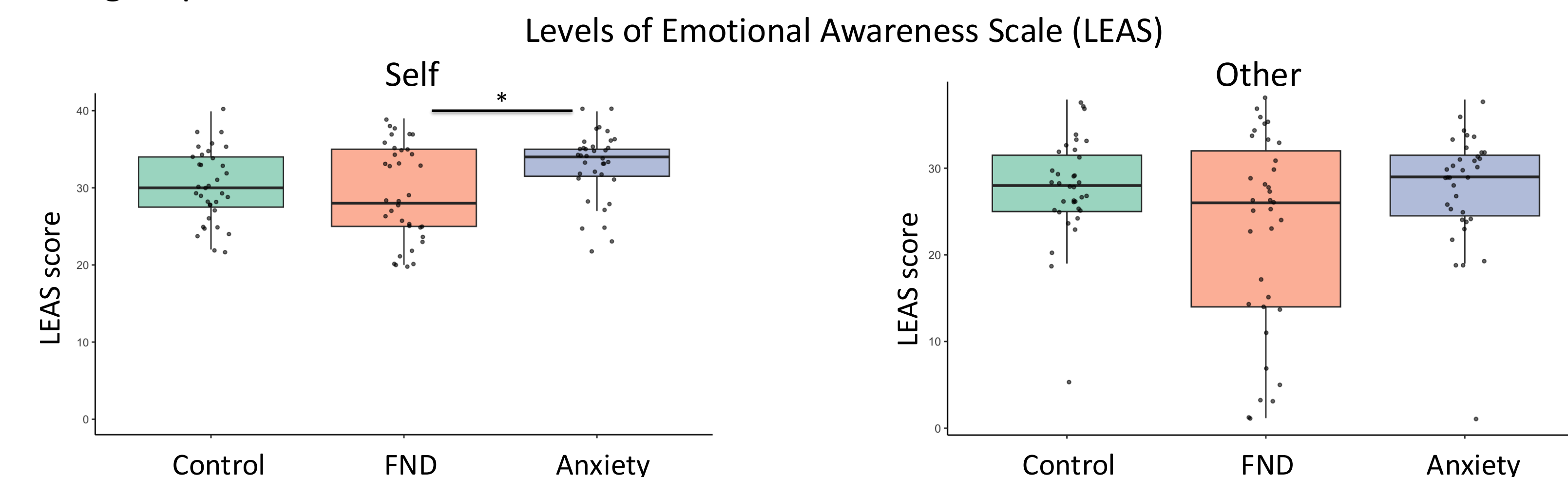
- EmBody task: mapping of bodily sensations associated with different emotion concepts

Draw on the picture below to indicate the bodily sensations you feel when experiencing

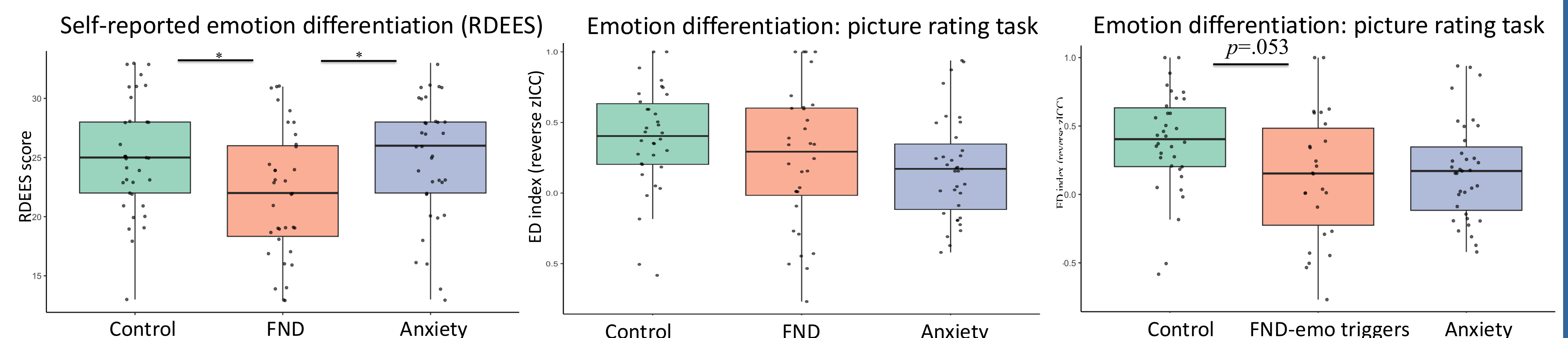


Results

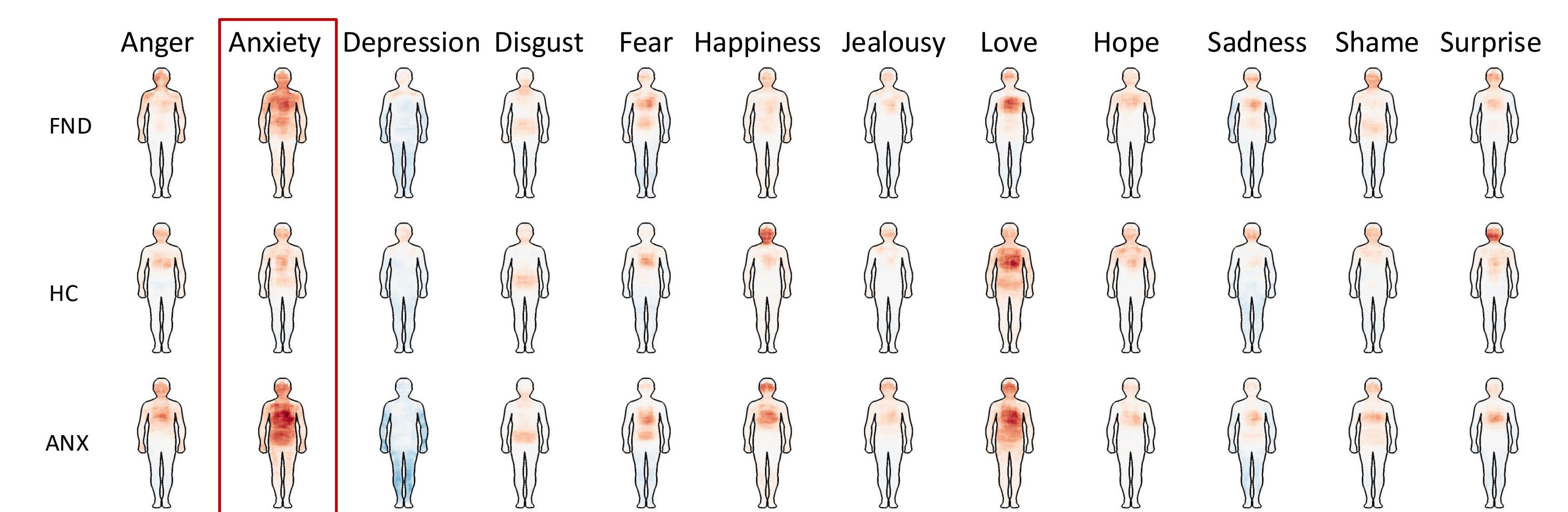
- LEAS-self scores were significantly lower in the FND group than in the anxiety control group, indicating use of fewer and less complex emotion descriptors.
- No significant group differences in LEAS-other scores.



- Significantly lower self-reported emotion differentiation in the FND than both the anxiety and healthy control groups.
- No significant group differences were observed in the task-based measures of emotion differentiation.
- Exploratory follow-up analysis: FND participants endorsing emotion-based symptom triggers (n=26) showed lower emotion differentiation than controls (borderline sig., Bonferroni-corrected $p=0.053$).



- On the EmBody task, there were no significant group differences in overall embodiment (proportion of pixels coloured).
- Both the FND and anxiety control groups reported significantly greater bodily activation for anxiety, relative to controls.



Conclusions

- Findings provide mixed support for theories implicating differences in emotion conceptualisation in FND. However, these preliminary findings suggest that further studies with larger samples across FND sub-groups may be warranted.