

Original Article

Alexithymia in Adolescents, the Affecting Factors and the Relationship with Tendency to Violence

Ayse Berivan Bakan, PhD, RN

Department of Nursing, Agri Ibrahim Cecen University School of Health, Agri, Turkey

Gulpinar Aslan, MScN, RN

First and Immediate Aid Program, Agri Ibrahim Cecen University Health Services Vocational School, Agri, Turkey

Correspondence: Ayse Berivan Bakan, PhD, RN, Department of Nursing, Agri Ibrahim Cecen University School of Health, Agri, Turkey e-mail: absavci77@gmail.com

Abstract

Objectives: This study aims to identify alexithymia in adolescents, the affecting factors and the relationship with tendency to violence.

Methodology: This descriptive study utilised a relational model. It was conducted with the participation of 1938 volunteer students in a city located in the Eastern part of Turkey between June and July, 2017. Data were collected using the Socio-demographic Form, Tendency to Violence Scale and Alexithymia Questionnaire for Children.

Results: Adolescents' Alexithymia Questionnaire for Children mean score was found to be higher in those whose family had less monthly income than expenses; in those who were exposed to violence at school, in family, and out of family/school; and in those who experienced a very sad event during childhood. A positive, significant relationship was found between tendency to violence and alexithymia ($p < 0.001$).

Conclusions: Adolescents who have been identified to have alexithymic features could be provided with therapy and training programs which help them to increase positive interpersonal communication, increase sense of self, and express their anger in a positive way.

Key Words: Adolescent, Alexithymia, Tendency, Violence

Introduction

Violence has become an important problem both in our country and in the world. WHO (2014) defines violence as the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community (WHO, 2014). Violence in adolescents is a bio-psycho-social problem which involves several reasons such as wrong child-rearing due to inconsistent parental behaviours, provocation, easy access to guns, exposure to violence, perception of violence as a solution to problems, flexibility of the family about permission, presence of strict rules, and effects of media (Sadeghi et al., 2014). While anger, which is indicated as one of the reasons of violence among adolescents, is a natural

emotion; it causes such negative feelings as feeling of guilt, depression, helplessness, interpersonal problems or aggression when it is not expressed and suppressed (Shin and Eom, 2015).

Alexithymia, which is one of the cases that increase anger, is defined as individuals' inability to interpret their emotions verbally, insufficiency in distinguishing feelings and physical senses, and difficulty in interpersonal relationships. Alexithymic people's most significant feature is the difficulty they have in recognising and expressing their emotions. They are people who can think, express themselves, and communicate in daily life. However, they have difficulty in making connections and distinguishing between feeling and thoughts and expressing them (Sayar et al.,

2005; Hintistan, 2012). Alexithymia, which might exist in people who have mental and physical diseases as well as in healthy individuals, is considered an important risk factor for depression, anxiety, helplessness, and anger symptoms (Batıgun and Buyuksahin, 2008). Alexithymic people are reported to have difficulty in expressing their anger, just like they have difficulty in expressing other emotions. Alexithymic people experience more anger, and have difficulty in expressing the anger they experience (Shin and Eom, 2015). There are several studies about alexithymia in individuals who had a psychiatric diagnosis. However, studies on alexithymia conducted with adolescents who did not receive any psychiatric diagnosis are quite limited in number. More specifically, there are no studies which investigated the relationship between alexithymia and tendency to violence. In this regard, the present study, which aims to identify the relationship between tendency to violence and alexithymia, was conducted with adolescents who were enrolled in 9th and 10th grade high schools located in a city in the Eastern part of Turkey.

Aims

This study aims to identify the relationship between tendency to violence and alexithymia in adolescents.

Methodology

Research Design

This study utilised a descriptive and relational model and it was conducted in high schools located in a city in the Eastern part of Turkey between June and July, 2017. Target population of the study was 6000 9th and 10th grade students who were enrolled in the 21 high schools in the city centre. No sampling was performed, the study was conducted with 1938 adolescents who were enrolled in 9th and 10th grades and volunteered to participate in the study.

Data Collection

Data were collected by the researchers, using questionnaires administered to the adolescents who accepted to participate in the study. Filling in each questionnaire took about 10 to 15 minutes. Data were collected using the Socio-demographic Form,

Alexithymia Questionnaire for Children, and Tendency to Violence Scale.

Socio-demographic Form: The form was developed by the researchers and included six questions that aimed to identify the adolescents' socio-demographic features.

The Alexithymia Questionnaire for Children (AQC): The questionnaire was developed by Rieffe et al. (2006) in order to identify alexithymia levels of children. Each item in the 20-item questionnaire is rated between 0 and 2 (Not True: 0, Sometimes True: 1, Generally True: 2). Item 4, 5, 10, 18 and 19 are scored reversely. The questionnaire has Difficulty in Identifying Feelings (1, 3, 6, 7, 9, 13, 14), Difficulty in Describing Feelings (2, 4, 11, 12, 17) and Externally-Oriented Thinking (5, 8, 10, 15, 16, 18, 19, 20) subscales. Higher scores in the questionnaire indicate higher alexithymia level (Rieffe et al., 2006). Turkish validity and reliability of the questionnaire was performed by Kocak et al. (2015), and Cronbach's Alpha value was found .78. In this study, Cronbach's alpha value was found .65.

The Tendency to Violence Scale: The scale was developed by Haskan and Yildirim (2012). The 20-item scale is responded on a three point ranking scale (3=always, 2=sometimes, 1=never). 10th item is scored reversely. Higher scores indicate higher tendency to violence. Cronbach's Alpha value was found .87, and it was found .89 in this study.

Data Analysis

Data were analysed in SPSS package programming, using descriptive statistics, Kolmogorov Smirnov, and Spearman correlation analyses. Statistical significance was taken $p < 0.05$

Ethical considerations

Written permission was obtained from the Provincial Directorate of National Education; the participating adolescents were informed about the study and their verbal consent was obtained.

Results

Average age of the adolescents participating in the study was found 15.68 ± 0.87 . Of all the participants, 51.9% were female, 42% of the mothers and 38.9% of the fathers were

literate/primary school graduates, and 53.3% had equal monthly income to expenses.

Table 1. Socio-demographic Features of the Adolescents

		N	%
Gender	Female	1006	51.9
	Male	932	48.1
Education Level of the Mother	Illiterate	677	34.9
	Primary School	813	42.0
	Secondary School	285	14.7
	High School	124	6.4
	University and above	39	2.0
Education Level of the Father	Illiterate	139	7.2
	Primary School	754	38.9
	Secondary School	507	26.2
	High School	345	17.8
	University and above	193	10.0
Monthly Income	Income more than expenses	360	18.6
	Income less than expenses	546	28.2
	Income equal to expenses	1032	53.3
Having been exposed to violence in family	Yes	234	12.1
	No	1704	87.9
Having been exposed to violence at school	Yes	326	16.8
	No	1612	83.2
Having been exposed to violence out of school / family	Yes	313	16.2
	No	1625	83.8
Is your mother alive?	Yes	1896	97.8
	No	42	2.2
Is your father alive?	Yes	1858	95.9
	No	80	4.1
Having experienced a very sad event during childhood	Yes	1165	60.1
	No	773	39.9
		$\bar{X} \pm SD$	
Age	15.68±0.87 (min. 11 max. 18)		

Table 2. Distribution of Adolescents' Alexithymia Questionnaire for Children Total Mean Scores According to Socio-demographic Features

		$\bar{X} \pm SD$	U/KW
Gender	Female	18.07±5.51	U:446632.500 p:.071
	Male	17.64±5.33	
Education Level of the Mother	Illiterate	18.21±5.44	KW:4.471 p:.346
	Primary School	17.81±5.37	
	Secondary School	17.58±5.31	
	High School	17.09±6.15	
	University and above	17.51±4.59	
Education Level of the Father	Illiterate	18.57±5.29	KW:8.473 p:.076
	Primary School	17.63±5.27	
	Secondary School	18.17±5.62	
	High School	18.00±5.71	
	University and above	17.19±4.97	
Monthly Income	Income less than expenses	18.71±5.48	KW:20.425 p:. 000
	Income more than expenses	17.41±5.46	
	Income equal to expenses	17.58±5.34	
Having been exposed to violence in family	Yes	20.02±5.41	U:148950.000 p:. 000
	No	17.57±5.36	
Having been exposed to violence at school	Yes	19.17±5.41	U:220164.500 p:. 000
	No	17.60±5.39	
Having been exposed to violence out of home/school	Yes	19.17±5.38	U:212997.000 p:. 000
	No	17.61±5.40	
Is your mother alive?	Yes	17.86±5.43	U:39612.500 p:.955
	No	17.90±5.18	
Is your father alive?	Yes	17.88±5.42	U:71725.000 p:.596
	No	17.48±5.43	
Having experienced a very sad event during childhood	Yes	18.80±5.40	U:338753.000 p:. 000
	No	16.45±5.17	

Table 3. Adolescents' Tendency to Violence Scale and Alexithymia Questionnaire for Children Mean Scores

Scales	$\bar{X} \pm SD$	Min	Max
Tendency to Violence Scale	37.26 ± 8.76	20	60
Alexithymia Questionnaire for children	17.86 ± 5.42	2	34

Table 4. The Relationship between the Tendency to Violence Scale and the Alexithymia Questionnaire for Children mean scores

		Alexithymia Questionnaire for Children Mean Score
Tendency to Violence Scale mean score	r	.298
	p	.000

An analysis of adolescents' being exposed to violence indicates that 12.1% were exposed to violence in family, 16.8% at school, and 16.2% out of school/family. Besides, 60.1% experienced a very sad event during childhood (see Table 1). Adolescents' Alexithymia Questionnaire for Children mean score was found to be higher in those whose family had less monthly income than expenses; in those who were exposed to violence at school, in family and out of family/school; and in those who experienced a very sad event during childhood. Differences between the mean scores were found to be statistically significant ($p < 0.001$) (see Table 2). Findings show that Tendency to Violence mean score was 37.26 ± 8.76 , with scores ranging from minimum 20 to maximum 60. The Alexithymia Questionnaire for children mean score was 17.86 ± 5.42 , and the scores ranged from 2 to 34 (see Table 3). A positive, significant relationship was found between the Tendency to Violence Scale and the Alexithymia Questionnaire for children (see Table 4).

Discussion

Neglect, abuse and violence experienced in childhood are known to cause individuals to demonstrate alexithymic behaviours.

An analysis of the studies which investigated the factors associated with alexithymic features reported that physical or emotional neglect and abuse experienced in childhood were among the affecting factors (Frewen et al., 2012; Evren et al., 2009; Aust et al., 2012; Bermond et al., 2008).

Similarly, a study which investigated whether the traumas experienced in childhood had effects on Alexithymia in patients who were diagnosed with major depression reported that childhood traumas increased tendency to demonstrate alexithymic features (Gulec et al., 2012). This study also found that Alexithymia questionnaire total mean score was higher in the adolescents who reportedly experienced a sad event during childhood.

Studies show that alexithymic behaviours are more common among individuals who were exposed to violence (Yigitbas, 2017; Craparo et al., 2014). This study also found that Alexithymia questionnaire total mean score was higher in adolescents who were exposed to violence at home, at school, or outside.

This study found that Alexithymia questionnaire mean score was higher in adolescents who had income less than expenses. Studies show that

individuals who had low income demonstrated more alexithymic features (Mattila et al., 2008; Oktay and Batigun, 2014). Findings in this study are in line with the literature.

The present study found a positive, significant relationship between the Tendency to Violence Scale and the Alexithymia Questionnaire for Children mean scores. Studies show that individuals with high alexithymia mean scores had lower sense of self, experienced more conflicts in interpersonal relationships, behaved more aggressively in relation to anger, had more vengeful behaviours, and demonstrated more introverted and indifferent reactions. (Oktay and Batigun, 2014; Gulec et al., 2004; Batigun et al., 2011; Thorberg et al., 2011). A study that investigated insecure attachment and alexithymia together reported a significant relationship with impulsive aggression (Fossati et al., 2009).

Alexithymic people's more anxious and avoidant attachment styles lead to difficulties in interpersonal relationships, which is considered to cause trigger of anger and emergence of aggressive behaviours (Oktay and Batigun, 2014).

Results of the present study showed that adolescents who were exposed to violence, who had low income, and who experienced a sad event during childhood had alexithymic features and had tendency to violence. Adolescents who have been identified to have alexithymic features could be provided with therapy and training programs which help them to increase positive interpersonal communication, increase sense of self, and express their anger in a positive way.

Acknowledgments

The authors wish to thank all participants for engaging in this study.

The authors are grateful to Duygu Ispinar for proofreading the manuscript

References

- Aust, S., Hartwig, E. A., Heuser, I. ve Bajbouj, M. (2012). The role of early emotional neglect in alexithymia. *Psychological Trauma: Theory, Research, Practice, and Policy*, 1-8.
- Batigun, A.D., & Buyuksahin, A. (2008). Alexithymia: Psychological Symptoms and Attachment Styles. *Klinik Psikiyatri*, 11, 105-114.
- Batigun, A. D., Sahin, N. & Karsli, E. (2011). Stress, Self-Perception and Interpersonal Style in Patients with Physical Illnesses. *Turkish Journal of Psychiatry*, 22, 245-254.
- Bermond, B., Moormann, P. P., Albach, F. ve Van Dijke, A. (2008). Impact of severe childhood sexual abuse on the development of alexithymia in adulthood. *Psychother Psychosom*, 77, 260–262.
- Craparo G, Gori A, Petrucci I, Cannella V, Simonelli C. (2014). Intimate partner violence: relationships between alexithymia, depression, attachment styles, and coping strategies of battered women. *J Sex Med*. Jun;11(6):1484-94.
- Evren, C., Evren, B., Dalbudak, E., Ozcelik, B. ve Oncu, F. (2009). Child abuse and neglect as a risk factor for alexithymia in adult male substance dependent in patients. *Journal of Psychoactive Drugs*, 41 (1), 85-92.
- Fossati, A., Acquarini, E., Feeney, J. A., Borroni, S., Grazioli, F., Giarolli, L.E., Franciosi, G. & Maffei, C. (2009). Alexithymia and attachment insecurities in impulsive aggression. *Attachment & Human Development*, 11: 165-182.
- Frewen, P. A., Dozois, D. J. A., Neufeld, R. W. J. ve Lanius, R. A. (2012). Disturbances of emotional awareness and expression in posttraumatic stress disorder: Metamood, emotion regulation, mindfulness, and interference of emotional expressiveness. *Psychological Trauma: Theory, Research, Practice, and Policy*, 4 (2), 152–161.
- Gulec, H., Sayar, K., Topbas, M., Karakucak, M. & Ak, İ. (2004). Alexithymia and Anger in Women With Fibromyalgia Syndrome. *Turkish Journal of Psychiatry*, 15, 191-198.
- Gulec, M., Altintas, M., Inanc, L., Bezgin, C. H., Kaymak Koca, E. ve Gulec, H. (2012). Effects of childhood trauma on somatization in major depressive disorder: The role of alexithymia. *Journal of Affective Disorders*, 2-5.
- Haskan, O., & Yildirim, I. (2012). Development of Violence Tendency Scale. *Education and Science* 37(163), 165-177.
- Hintistan, S. Alexithymia. (2012). *Gumushane University Journal of Health Sciences* 1, 333–46.
- Kocak, R., Karaboga, M., & Baloglu, M. (2015). An Alexithymia Scale For Children: Adaptation Into Turkish, Validity And Reliability. *Electronic Turkish Studies*, 10(11), 1023-1036. DOI Number:10.7827/TurkishStudies.8120
- Mattila, A. K, Kronholm, E., Jula, A., Salminen, J. K., Koivisto, A. M., Mielonen, R. L. ve Joukamaa, M. (2008). Alexithymia and somatization in general population. *Psychosomatic Medicine*, 70, 716-722
- Oktay, B., & Batigun, A. (2014). Alexithymia: Attachment, Self Perception, Interpersonal

- Relationship Style and Anger. *Turkish Psychological Articles*, 17(33), 31-40.
- Rieffe, C., Oosterveld, P., & Terwogt, M.M. (2006). An alexithymia questionnaire for children: Factorial and concurrent validation results. *Personality and Individual Differences*, 40, 123–133.
- Sadeghi, S., Farajzadegan, Z., Kelishadi, R., & Heidari, K. (2014). Aggression and violence among iranian adolescents and youth: a 10-year systematic review. *International Journal of Preventive Medicine*, 5(2), 83-96.
- Sayar, K., Kose, S., Grabe, H.J., & Topbas, M. (2005). Alexithymia and dissociative tendencies in an adolescent sample from Eastern Turkey. *Psychiatry and Clinical Neurosciences*, 59, 127–134.
- Shin, M.K., & Eom J.Y. (2015). Study on the alexithymia and anger in the Korean college students. *Healthcare and Nursing*, 116, 189-195.
- Thorberg, F.A., Young, R., Sullivan, K.A., Lyvers, M., Connor, J.P., & G, Feeney. (2011). Alexithymia, craving and attachment in a heavy drinking population. *Addictive Behaviors*, 36, 427–430.
- World Health Organization (WHO) (2014). Global status report on violence prevention, http://www.who.int/violence_injury_prevention/violence/status_report/2014/en (09.08.2017).
- Yigitbas C. Alexithymia Among Women Over Sixtyfive. *Firat Tıp Dergisi/Firat Med J* 2017; 22 (4): 181-186.