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## Alexithymia: indicator of communicative deficit in emotional health

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### Abstract

An area of recent interest in psychology is devoted to study the factors which affect mental health; an indicator of communicative deficit in emotional health is called alexithymia index. The aim of this project is to identify the presence of high levels of alexithymia in young students; which is a risk factor for psychopathology. The TAS-20 (Toronto Alexithymia Scale) was administered to a random sample of ESO and High School students between the ages of 14 and 20, (men and women) from the regions Zafra-Río Bodión and Tendudía, located in the province of Badajoz. The results obtained have allowed us to know that a considerable percentage of our young people show a high index of alexithymia, making us aware of the need for emotional intelligence work in education

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*Keywords:* alexithymia, emotional health, students, emotional intelligence.

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### 1. Introduction

This research study is about the detection of factors that affect mental health in particular, we focus on an indicator of emotional health communicative deficits, called alexithymia index; aspect of great relevance today. Our main objectives are to identify the presence of high levels of alexithymia, psychopathology risk factor and highlight the need for emotional intelligence work in education in order to prevent the presence of certain disorders in our young students

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## 2. Theoretical Framework

Alexithymia can be defined as the inability to identify and express emotions. This term was coined by Sifneos first in 1972. The clinical features of alexithymia construct are formulated from the moment they begin to converge early empirical and observational data (Apfel & Sifneos, 1979) and are: difficulty in identifying and describing feelings, difficulty distinguishing between feelings and bodily sensations own emotional arousal, constricted imaginary process, evidenced by the lack of cognitive style fantasies and facing outwards.

At present, the scale used to measure the rate of alexithymia is Toronto Alexithymia Scale (TAS- 20). The factors that make up the scale are: F-Difficulty identifying and distinguishing between emotions and bodily sensations, and F2-Difficulty to describe the emotions and F3-oriented thinking external details; was developed by Bagby, Parker and Taylor from versions above.

The literature research that alexithymic characteristics have been described in patients with a wide range of psychopathology: psychopathic personality disorders (Keltikangas - Jarvinen, 1982), patients with drug and alcohol addictions (Finn, 1987; Taylor, 1990; Pinnard, 1996; Gago & Neto,2001), depression (Loas, 1998), panic disorder (Zeitlin & McNally, 1993), eating disorders (Taylor, 1996).

## 3. Method.

The *objectives* that we propose are: To estimate the rate of alexithymia in young people and find out if there is a difference in the index on the basis of sex and gender. The *hypotheses* that we consider are:

H1: Significant percentage of our young people have high levels of alexithymia

H2: Men have a higher rate of alexithymia

H3: The older youth have a higher rate of alexithymia.

In terms of methodology say that, we have conducted research using the quantitative method for survey and design is cross.

The sample consists of 195 young people (91 men and 104 women) aged between 14 and 19 years, enrolled in 3rd ESO, 4th ESO 1st and 2nd Baccalaureate in IES Badajoz province, attended by young people from four populations.

The random selection method was for convenience.

The *instrument* used was the Toronto Alexithymia Scale (20 items). This is a self-administered questionnaire.

The three subscales are difficulty emotional signal discrimination, difficulty in verbal expression of emotions and extraneous detail -oriented thinking. The Toronto Alexithymia Scale is a reliable and valid criterion of alexithymia.

## 4. Data analysis and results.

After being coded data in SPSS 15.0 for Windows, proceeded to descriptive analysis (using frequency tables, graphs and descriptive statistics) and inferential (by corresponding tests) in order to test the hypotheses .

A scale that assesses the rate of alexithymia, specifically Toronto Alexithymia Scale (20items) gave us a series of results. First, provide detailed information about the level of alexithymia found in our sample. We refer to the raw score on alexithymia, whose average is 52.96 (minimum 26, maximum 75), typical desviation 9,077, if you look at the histogram directly in alexithymia score fits the normal curve , reaching most population around the mean . To interpret the raw score on alexithymia, we know that a score  $\leq 51$  means no alexithymia, between 51-61 is possible alexithymia and  $\geq 61$  is alexithymia. Let index frequencies and percentages of alexithymia. The 24.1% of the youth in our sample have alexithymia, 34.4 % have possible alexithymia and 41.5 % have alexithymia.

As the rate of alexithymia in men and women, no differences were barely.

In much the rate of alexithymia in different ages: we observed some differences, being highest average in 14, 16 and 19 years and lowest in 18 years.

These observed differences are significant we must check whether or not, so we must make a detailed inferential analysis.

First, that we are working with  $NC = 95\%$ , first, we must verify compliance with the principles of randomization, normality and homogeneity of variances, and thus whether it is appropriate to use parametric or non-parametric tests. To check if it meets the principle of randomization tests use the Gust, for compliance with the principle of normality and KS test was used to test the principle of homogeneity of variances Levene test was used.

To test the hypothesis ("Men have a higher rate of alexithymia than women"), is the principle of randomness, but not the normal, hence non-parametric tests applied in this case, Mann Whitney U test (Table 1). If you look at the value of P is 0.864, for both  $P > 0.05$ , therefore, no significant differences between men and women in how alexithymia index, our hypothesis is rejected.

Table 1 Mann Whitney U test

alexithymia index	
U de Mann-Whitney	4669,000
W de Wilcoxon	10129,000
Z	171
Sig. asintót. (bilateral)	864

statistical contrast (a) a grouping variable: sex

To test our hypothesis ("The rate of alexithymia is higher in older youth"), you look at the chart and see how it meets the principle of randomness, but not normal, therefore, we used nonparametric tests, in which Kruskal Wallis H case (Table 2). If we look at the value of P, we see that is 0.018, therefore  $P < 0.05$ , so which means that there are significant differences in how alexithymia refers rate between different ages. Let the ANOVA post hoc tests to see between that age differences: first look at the Levene test (Table 3) to determine the statistical tests used in post hoc. The value of P in the Levene test is 0.327, therefore the variances are equal, hence, we can apply the Scheffé test. Look at the post hoc tests (Table 4) inconsistencies in the data are, therefore, observe the graph, we see no difference between aged 14 and 18, 16 and 18, 18 and 19 years, being the least index alexithymia have 18 youth and more youth of 14.16 and 19, therefore, our hypothesis is accepted in part.

Table 2 Statistical contrast (a,b)

Alexithymia index	
Chi-cuadrado	13,592
Gl	5
ig. asintót.	018

a Kruskal-Wallis b grouping variable: age

Table 3 Anova. Test for homogeneity of variances. alexithymia index

Levene statistic	gl1	gl2	Sig.
1,167	5	189	322

Table 4 Post hoc tests. Multiple Comparisons Dependent Variable: Alexithymia index Scheffé

(I) age	(J) age	Mean differences (I-J)	Standard error	Sig.	Confidence Interval 95%	
					Upper Limit	Lower Limit
14 years	15 years	,257	,177	,833	-,34	,69
	16 years	,074	,182	,999	-,54	1,08
	17 years	,485	,177	,194	-,11	1,39

	18 years	,647	,222	,136	-,10	1,99
	19 years	,097	,564	1,000	-1,80	,34
	14 years	-,257	,177	,833	-,85	,36
	16 years	-,183	,161	,934	-,72	,75
15 years	17 years	,228	,155	,828	-,29	1,08
	18 years	,390	,205	,604	-,30	1,72
	19 years	-,160	,558	1,000	-2,04	,54
	14 years	-,074	,182	,999	-,69	,72
	15 years	,183	,161	,934	-,36	,95
16 years	17 years	,411	,162	,268	-,13	1,28
	18 years	,573	,209	,191	-,13	1,90
	19 years	,023	,559	1,000	-1,86	,11
	14 years	-,485	,177	,194	-1,08	,29
	15 years	-,228	,155	,828	-,75	,13
17 years	16 years	-,411	,162	,268	-,95	,85
	18 years	,162	,205	,987	-,53	1,49
	19 years	-,388	,558	,993	-2,26	,10
	14 years	-,647	,222	,136	-1,39	,30
	15 years	-,390	,205	,604	-1,08	,13
18 years	16 years	-,573	,209	,191	-1,28	,53
	17 years	-,162	,205	,987	-,85	1,38
	19 years	-,550	,573	,968	-2,48	1,80
	14 years	-,097	,564	1,000	-1,99	2,04
	15 years	,160	,558	1,000	-1,72	1,86
19 years	16 years	-,023	,559	1,000	-1,90	2,26
	17 years	,388	,558	,993	-1,49	2,48
	19 years	,550	,573	,968	-1,38	,69

## 5. Discussion and conclusions

In conclusion, highlighting the most relevant results obtained from the analysis of the data collected. We conclude that a significant percentage of our young people has high levels of alexithymia, specifically 24.1%, which is a risk factor for psychopathology. No significant differences in rates between men and women alexithymia. Depending on the age, saying that young people aged 14 , 16 and 19 years are those that have a higher rate of alexithymia. The purpose of this is to create prevention and intervention policies in psychopathology, which take into account the emotional work (identification and expression of emotions) in prevention programs. Plenty to do in this area; left open a long way in which it is necessary to investigate the relationship between alexithymia and certain disorders in young people in order to show the relationship and another route that remains open is the creation of prevention programs work include identification and expression of emotions.

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