Alexithymia in Adolescents: A Review of Literature

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Abstract

Alexithymia has been extensively studied for almost five decades now all over the world, except for Romania. This paper presents an overview of literature in the field of alexithymia, in general: it provides the etymology of the word alexithymia, its various definitions, its main types (primary, secondary, organic, and normative), and its features. Alexithymia in adolescents has been studied from different perspectives (behavioural, biological, communicational, epistemological, legal, medical, neurobiological, neuropsychological, neuropsychiatric, neuroscientific, psychiatric, psychological, and psychosomatic), in relation to associated conditions (antisocial behaviour (including ADHD), anxiety, delinquency, depression, dissociation, eating disorders, generalised anxiety disorder, other mental disorders, psychiatric symptoms, somatic symptom disorder, suicide risk) or behaviours (aggressive behaviour, deliberate self-harm, risk of problematic Internet use, cognitive reappraisal strategies, borderline personality disorder, anxiety and depression). Researchers have focused on alexithymia and age, gender and culture, tried to identify possible causes of this disorder (childhood family environment, digital / video game addiction or gaming disorder or Internet addiction or Internet gaming disorder, Internet-related disorder, disadvantageous living conditions in childhood, early life experiences, emotional abuse and neglect, emotional difficulties with caregivers during childhood, lack of social support, parents with alcohol-use problems, systematic abuses and/or abandonment in childhood or early adolescence) and predictors of alexithymia (attachment style, children’s perception of a neglectful parenting style, deficit in speech development, less cognitive capacity, low self-control of emotions, parents’ alexithymic traits). The article is a plea in favour of explicit assessments of alexithymia before initiating psychological treatments and adequate address of adolescents’ mood disorders.

Keywords: alexithymia, adolescence, disorder

1. Alexithymia: Etymology, Definition, Types, and Features

Alexithymia is a term coined by Nemiah & Sifneos (1970, in Bagby, Taylor & Ryan, 1986) from the Greek prefix a- ‘lack’ and Greek words lexis ‘word’, and thymos ‘emotion’.

Alexithymia has been defined in various ways: “a clinical construct referring to poor ability to identify and describe emotions, and poor interoceptive awareness” (Sifneos, 1972, in Garisch & Wilson, 2010, 152), a cognitive [identifying, analysing and verbalising feelings] and affective [difficulty fantasising and difficulty emotionalising] disturbance “that affects the way individuals experience and express their emotions” (Bagby, Taylor & Ryan, 1986, 287); “the human equivalent to animal models of stress induced analgesia [the inability to feel pain]” (Stuppy & Shipko, 1994, 30); “a multidimensional construct” (Luminet et al., 2000, 9); “not a diagnosis, but a construct useful for characterizing patients who seem not to understand the feelings they
obviously experience, patients who seem to lack the words to describe these feelings to others” (Muller, 2000, 1); “a construct [an idea or theory containing various conceptual elements, typically one considered to be subjective and not based on empirical evidence] useful for characterizing patients who seem not to understand the feelings they obviously experience, patients who seem to lack the words to describe these feelings to others” (Muller, 2000, 1); “a dimensional construct” (Parker et al., 2008).

Muller (2000, 1) explained alexithymia in the most comprehensive way possible: “Many individuals with alexithymia have somatic [relating to the body, especially as distinct from the mind] complaints. Considerable empirical evidence links somatic complaints to prolonged states of emotional arousal, and the concomitant physiological arousal, with susceptibility to certain somatic disorders. Clearly, someone who cannot verbally express negative emotions will have somatic disorders trouble discharging and neutralizing these emotions, physiologically as well as psychically (Gavrila, 2008). All feelings, whether normal or pathological, are ultimately bodily feelings. Those with alexithymia lack a lived understanding of what they experience emotionally. From the perspective of development, alexithymia implies a glitch in the process that permits the expression of feelings in words that capture the body's involvement in these feelings. Perhaps the child's mother failed to sufficiently encourage a language of feelings […]. Alternatively, emotional trauma later in life may compromise the connection between what is felt and what can be grasped about this feeling and can be put into words, particularly if that link were tenuous to begin with.” However, MacLaren (2006, 140) opines that alexithymia should be understood “as an effective and expressive engagement in the world, rather than as the total lack of emotional experience that it seems to be”.

There are several types of alexithymia:
- **Primary alexithymia** is the result of developmental genetic and familial factors, a vulnerability factor for mental illness (Messina, Beadle & Paradiso, 2014);
- **Secondary alexithymia** is a consequence of mental illness that may have both psychological and/or somatic mechanisms, “a condition occurring later in life either due to psychological trauma, or as a direct insult to brain regions supporting emotion processing and awareness” (Messina, Beadle & Paradiso, 2014);
- **Organic alexithymia** or acquired emotional blindness is a subtype of secondary alexithymia, “a clinically and theoretically useful construct for furthering of understanding of alexithymia and the occurrence of alexithymic symptoms in patients with acquired brain injury (ABI)” (Becerra, Amos & Jongelenis, 2002; Messina, Beadle & Paradiso, 2014; Gavrila & Gavrila, 2010).

Other specialists also speak of normative male alexithymia “the inability of men to put emotions into words posited to result from traditional masculine role socialization, and reflected in the endorsement of and conformity to traditional masculine norms” (Karakis & Levant, 2012; Levant, Allen & Lien, 2014).

Researchers have dismantled at least one of the several myths related to alexithymia in adolescents: alexithymia is not related to acne vulgaris (Sunay et al., 2011).

Alexithymia has been characterized in extremely diverse ways. Thus, Bagby, Taylor & Ryan (1986, 287) see it as “a difficulty in identifying feelings and in distinguishing between feelings and bodily sensations, as a difficulty in describing feelings to other people, as an impoverished fantasy life, and as a preference for focusing on external events rather than inner experiences”; for Taylor, Bagby & Parker (1991, 156), it is “a deficit in the cognitive processing and regulation of undifferentiated and poorly regulated emotional states”; according to Bermond
& Vorst (1994, in Luminet et al., 2000, 12), it is “a difficulty in identifying feelings and in describing feelings, an externally-oriented thinking, a reduced fantasy, and a difficulty emotionalizing”; in Taylor’s (1994, in Kennedy & Franklin, 2002, 158) opinion, “a difficulty describing feelings, difficulty distinguishing between feelings and the bodily sensations that accompany emotional arousal, lack of introspection, lack of social conformity, impoverished fantasy and poor dream recall”; in Larsen et al.’s (2003) opinion, a cognitive deficit (ability to communicate with others, capacity to describe feelings, and preference for describing events in detail), emotional deficit (blunting of emotional experiences, decreased capacity for fantasy, decreased capacity for use of symbols, emotional numbness, impairment in the identification of facial and vocal emotional expression, and mental emotional indifference); for Hesse & Floyd (2010), “a deficit in the ability to build and maintain relationships”; according to FeldmanHall, Dalglesh & Mobbs (2012), a decrease of altruism in real social decisions; for Gatta et al. (2016), an intergenerational transmissibility (from both parents). Moreover, there is an inverse association between alexithymia constructs and emotional intelligence (Schutte et al., 1998).

2. Alexithymia in Adolescents: Approaches, Associated Conditions, Research Variables, Causes, and Predictors

Alexithymia in adolescents has been studied from various perspectives: behavioural (Schimmenti et al., 2017), biological (Moriguchi & Komaki, 2013; Koh et al., 2015), communicational (Karakis & Levant, 2012), epistemological (López-Muñoz & Pérez-Fernández, 2020), legal (Hornsveld & Kraaimaat, 2011), medical (Balottin et al., 2014; Scimeca et al., 2014; Bolat et al., 2017; Schimmenti et al., 2017; Peres et al., 2018), neurobiological (Larsen et al., 2003; Morie et al., 2016), neuropsychological (Henry et al., 2006; Hogeveen et al., 2016), neuropsychiatric (Maganuco et al., 2019), neuroscientific (Goerlich, 2018), psychiatric (Sayar et al., 2005; Seo et al., 2009; Karukivi, 2011; Sunay et al., 2011; Deborde et al., 2012; Samson et al., 2014; Gatta et al., 2016), psychological (Zimmermann, 2006; Garisch & Wilson, 2010; Oskis et al., 2013, 97; Bolat et al., 2017; Paniccia et al., 2017; Musetti et al., 2019; Yavuz et al., 2019), and psychosomatic (Joukamaa et al., 2007).

Alexithymia in adolescents may be associated with antisocial behaviour (including ADHD) (“aggressive, impulsive, and often violent actions that violate protective rules, conventions, and codes of a society” – Psychology Dictionary) (Thorberg et al., 2009), with anxiety (“a feeling of worry, nervousness, or unease about something with an uncertain outcome” – Lexico) (Thorberg et al., 2009; Karukivi, 2011; Bolat et al., 2017; Gavrilă-Ardelean, 2014), with delinquency (“minor crime, especially that committed by young people” – Lexico) (Zimmermann, 2006), with depression (“a mental condition characterized by feelings of severe despondency and dejection, typically also with feelings of inadequacy and guilt, often accompanied by lack of energy and disturbance of appetite and sleep” – Lexico) (De Berardis et al., 2008; Thorberg et al., 2009; Garisch & Wilson, 2010; Karukivi, 2011; Bolat et al., 2017; De Berardis et al., 2017), with dissociation (“separation of normally related mental processes, resulting in one group functioning independently from the rest, leading in extreme cases to disorders such as multiple personality” – Lexico) (Aayar et al., 2005; Sayar et al., 2005), with eating disorders (“any of a range of psychological disorders characterized by abnormal or disturbed eating habits (such as anorexia nervosa, [bulimia nervosa, eating disorder not otherwise specified])” – Lexico) (Karukivi, 2011; Nowakowski, McFarlane & Cassin, 2013; Peres et al., 2018), with generalised anxiety disorder (“a disorder characterized by excessive or unrealistic anxiety about two or more aspects of life
(work, social relationships, financial matters, etc.), often accompanied by symptoms such as palpitations, shortness of breath, or dizziness – Lexico) (Paniccia et al., 2017), with other mental disorders (“any clinically significant behavioural or psychological syndrome characterized by distressing symptoms, significant impairment of functioning, or significantly increased risk of death, pain, or other disability [such as alcohol and substance misuse, Asperger syndrome, autism, personality disorders]” – Medical Dictionary) (Thorberg et al., 2009; Karukivi, 2011), with psychiatric symptoms (Gatta et al., 2016), with somatic symptom disorder (“a form of mental illness that causes one or more bodily symptoms, including pain [such as chronic fatigue syndrome, congenital cardiac malformation, tension-type headache, Type I diabetes]” – WebMD) (Karukivi, 2011), with suicide risk (De Berardis et al., 2017, Sârbu, 2016); it may also contribute to aggressive behaviour in teenage violent psychiatric outpatients (Hornsveld & Kraaimaat, 2011), facilitate deliberate self-harm (“deliberate injury to oneself, typically as a manifestation of a psychological or psychiatric disorder” – Lexico) in bullied adolescents (Garisch & Wilson, 2010, Panescu & Sârbu, 2019), increase the risk of problematic Internet use in late adolescence in females with problems with affect regulation (Bolat et al., 2017; Schimmenti et al., 2017), make it difficult to generate cognitive reappraisal strategies (i.e., emotion regulation strategies involving the change of the trajectory of an emotional response by reinterpreting the meaning of the emotional stimulus) in autism spectrum disorder (Bird & Cook, 2013; Samson et al., 2014), mediate the influence of attachment on the development of borderline personality disorder (“a personality disorder characterized by severe mood swings, impulsive behaviour, and difficulty forming stable personal relationships” – Lexico) (Deborde et al., 2012), and present anxiety and depression in anorexia nervosa female adolescents (Peres et al., 2018). For comparison, alexithymia in adults is present in acquired brain injury patients (patients with any type of brain damage that occurs after birth from anoxia, low to the head, brain tumour, encephalitis, near drowning, or stroke), attention-deficit hyperactivity disorder patients (patients with a condition characterized by inattention, hyperactivity, and impulsiveness), autistic spectrum disorder patients (patients with “a developmental disorder characterized by difficulties with social interaction and communication, and by restricted and repetitive behaviour”), dissociative disorder patients (patients with “mental disorders that involve experiencing a disconnection and lack of continuity between thoughts, memories, surroundings, actions and identity”), frequent attenders (males) in primary health care, frequent use of medical care, mental health disorders patients, patients with medically unexplained symptoms (patients with disorders that affect their mood, thinking and behaviour: addictive behaviours such as alcohol use, Internet-related disorder, mobile phone addiction (Nadolu&Nadolu, 2020), substance use; anxiety disorders; depression disorders – “mental illnesses characterized by a profound and persistent feeling of sadness or despair and/or a loss of interest in things that once were pleasurable”: eating disorders such as anorexia nervosa, binge eating, bulimia nervosa – “serious conditions related to persistent eating behaviours that negatively impact their health, emotions and ability to function in important areas of life”; schizophrenia), mental health outpatients (persons whose condition regard their psychological and emotional well-being), patients with post-traumatic stress disorder (patients with “a condition of persistent mental and emotional stress occurring as a result of injury or severe psychological shock, typically involving disturbance of sleep and constant vivid recall of the experience, with dulled responses to others and to the outside world”), psychosomatic patients (patients whose “physical illness or other condition is caused or aggravated by a mental factor such as internal conflict or stress”), and traumatic brain injury patients (patients with “an acquired brain injury caused by
external force such as a blow to the head sustained in a motor vehicle accident or fall, bullet or shrapnel entering through the skull").

**Alexithymia in adolescents** has been studied on three continents and in ten countries, but not in Romania. A wide range of samples have been used in the surveys: in Belgium, France, and Switzerland, 95 female adolescents aged 13-18 (Deborde et al., 2012); in Finland, 9432 adolescents aged 15-16 (Joukamaa et al., 2007) and 729 adolescents aged 17-21 and (Karukivi, 2011); in France, 79 female adolescents aged 16.02 years on average (Peres et al., 2018); in Italy, 155 adolescents aged 15.8 on the average (De Berardis et al., 2008), 16 anorexic adolescents aged 13-17 (Balottin et al., 2014), 600 adolescents aged 13-22 (Scimeca et al., 2014), 49 adolescents aged 13-18 (Gatta et al., 2016), 100 adolescents aged 13-18 (Paniccia et al., 2017), 358 adolescents aged 18-19 (Schimmenti et al., 2017), adolescents and young adults aged 15-30 (Musetti et al., 2019); in New Zealand, 325 aged 16-23 (Garisch & Wilson, 2010); in South Korea, 290 adolescents aged 12-16 (Seo et al., 2009); in Switzerland, 82 male adolescents aged 14-18 (Zimmermann, 2006); in the Netherlands, 75 adolescents aged 16 on the average (Hornsved & Kraaimaat, 2011); in the U.K., 60 females aged 9-18 (Oskis et al., 2013); in the U.S.A. 43 children and adolescents aged 8-20 (Samson et al., 2014); and in Turkey, 173 adolescents aged 13-18 (Sayar et al., 2005), 111 adolescents aged 15-25 (Sunay et al., 2011), 444 adolescents aged 16.31 years on the average (Bolat et al., 2017); 662 adolescents aged 15-17 (Yavuz et al., 2019). As far as **gender differences** teenage alexithymia are concerned, research shows that girls are more alexithymic than boys (10% vs. 7%), but this difference is lower than that in adults (Joukamaa et al., 2007); and that there is no gender difference in the prevalence of alexithymia in adolescents (Moriguchi et al., 2007; Karukivi & Saarijärvi, 2014) or in Internet-addiction alexithymic adolescents (Scimeca et al., 2014). From the **age** perspective, the rate of alexithymia among adolescents aged 15-16 is similar to that among adults (Joukamaa et al., 2007), with 8.2% in females and 8.5% in males (Karukivi, 2011). There are no significant differences among the age-groups (adolescents vs. adults) (Seo et al., 2009) or among the age-groups (younger vs. older adolescents) in the prevalence of alexithymia (Moriguchi et al., 2007; Karukivi & Saarijärvi, 2014). The level of alexithymia in adolescents is lower compared with that of adults (Balottin et al., 2014). There is a positive correlation between alexithymic adolescents and their fathers (Paniccia et al., 2017). There is a single mention to the impact of **culture** on alexithymia in adolescents: according to Seo et al. (2009), “culture might influence components of the alexithymia construct, in particular the identification and communication of subjective feelings”.

The causes of alexithymia in adolescents are rooted in childhood and early adolescence: **childhood family environment** (Kench & Irwin, 2000); **digital / video game addiction or gaming disorder** or **Internet addiction** (Scimeca et al., 2014) or **Internet gaming disorder** (“the problematic, compulsive use of video games that results in significant impairment to an individual's ability to function in various life domains over a prolonged period of time” – Wikipedia) (Yavuz et al., 2019, Runcan, 2012); the **Internet-related disorder** (Musetti et al., 2019) could be explained by the fact that “individuals who have difficulties identifying, expressing, and communicating emotions may overuse Internet gaming in order to regulate their emotions better and to fulfil their unmet social needs; [...] consequently alexithymia may result in high Internet Gaming Disorder severity” (Evren et al., 2019, 232); **early life developmental experiences** including rules within the family of origin for the expression of emotions (Kennedy & Franklin, 2002); **emotional abuse and neglect**, i.e. child abuse / maltreatment, specifically emotional maltreatment (belittling, blaming, or rejecting) (Berenbaum, 1999; Brown et al., 2018); **emotional difficulties with caregivers during childhood** (Oskis et al., 2013); **improper living conditions in**
childhood: broken childhood home (Joukamaa et al., 2007) or disrupted family structure (Zimmermann, 2006), living in a rural area, mother’s low vocational education (Joukamaa et al., 2007), maternal care (Thorberg, 2011), overprotective mother (Karukivi, 2011); lack of social support (Karukivi & Saarijärvi, 2014); parents with alcohol-use problems (Thorberg et al., 2009; Morie et al., 2016); systematic abuses and/or abandonment in childhood or early adolescence (Paplos et al., 2012, and De Berardis et al., 2019, in López-Muñoz & Pérez-Fernández, 2020).

It is important to identify alexithymia in due time because “[It] may be a risk factor of suicide in adolescent depression especially in the presence of maladaptive early schemata.” (De Berardis et al., 2017, 3) There is a wide range of predictors (“a thing that predicts that something will happen in the future or will be a consequence of something” – Lexico) of alexithymia: the attachment style: “Fear of separation (characteristic of anxious attachment style) predicted both overall alexithymia scores and the specific alexithymic trait of ‘difficulty identifying feelings.’ Constraints on closeness (an avoidant attachment attitude) predicted ‘difficulty describing feelings.’ Low felt attachment to primary caregiver was a predictor of ‘externally oriented thinking’.” (Oskis et al., 2013, 97); children’s perception of a neglectful parenting style (Thorberg et al., 2011; Gatta et al., 2016, Runcan, Goian, 2014); a speech development deficit in childhood (Karukivi et al., 2012, in Karukivi & Saarijärvi, 2014); a less cognitive capacity of examining, identifying, and describing one’s inner emotional states (Moriguchi et al., 2007); a low self-control of emotions (Nyklíček, Vingerhoets & Denollet, 2002, Runcan, Iovu, 2013); parents’ alexithymic traits (Gatta et al., 2016).

Conclusions

Alexithymic adolescents have more mental problems than non-alexithymic ones. Since alexithymic adolescents experience their emotions as diffuse and find it hard to express them, they need explicit assessments before initiating psychological treatments (for example, evaluation of anxiety or depression symptoms or of hazardous alcohol consumption in terms of alexithymia) and adequate address of adolescents’ mood disorders, which is only possible in psychiatric care settings, aiming at regulating their emotion skills and treating their mental disorder.

References


