

The Phenomenon of Alexithymia and its Manifestation Psychological Features

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Abstract:

Alexithymia is a complex phenomenon in which psychological imbalance manifests itself. This article analyzes alexithymia and its causes, specific psychological characteristics. Information on the history of scientific and theoretical research is collected and hypotheses are presented.

Keywords: alexithymia phenomenon, scientific hypotheses, psyche, emotion, psychosomatics, psychosomatic diseases, imagination, emotion, anxiety, mental health.

Introduction

One of the central trends in the history of the development of psychosomatic research is the search for a special mental quality - psychosomatic identity, which can be considered as the main factor in the emergence of psychosomatic pathology, influencing the development and treatment of psychosomatic diseases.

Some of these studies attempt to isolate and describe the phenomenon of alexithymia.

Interest in the study of this phenomenon increased in the mid-1980s. This was mainly confirmed by the main hypothesis about the participation of alexithymia in the pathogenesis of psychosomatic diseases. In this regard, alexithymia continues to be considered as the main mechanism for the development of psychosomatic diseases.

Alexithymia is - (A - in the meaning of “absence” (Greek); vocabulary - word; emotion) the inability to verbally express feelings. This term was introduced into the world of science in 1973 by Peter Sifneos as an umbrella name for a number of characteristic features observed in psychosomatic patients.

The author of the term outlines these features as follows: patients tend to have an endless description of physical sensations, often not related to the disease found; the content of thoughts is

characterized by the absence of fantasies; internal sensations are described primarily in terms of irritability, boredom, emptiness, fatigue, excitement, tension, etc.; affects are inadequate; difficulties in verbalizing feelings are clearly expressed; the predominant way of life is action; there is a tendency towards impulsiveness; interpersonal connections are usually poor:

patients prefer loneliness and often avoid people; a conversation with such a patient is usually accompanied by a feeling of boredom and meaninglessness of contact.

At the time, the term was criticized and caused a lot of controversy. But nowadays this term is often found in the scientific literature specializing in the treatment of psychosomatic diseases, in research papers on psychology.

It is easy to see that the entire variety of alexithymic traits can be combined into several groups. Thus, disorders of affective, cognitive functions, self- and worldview are traditionally distinguished.

Scientific substantiation of the hypothesis

Disorders of the cognitive sphere are characterized as “sterility and monotony of ideas”, attachment of thoughts to trivial details of daily life, insufficient creativity, limited use of symbols, lack of thoughts related to internal attitudes, feelings, desires, motivations. In psychotherapy, this is often revealed through the difficulty of working with dreams: patients remember them very rarely, describing them sparingly, as something exactly repeating a daytime episode.

Most authors consider the main source of the alexithymic cognitive style to be “the inability to translate affective signals into symbols for use in communication,” which causes limited, stereotypical and specific thoughts.

A feature of the self-attitude of alexithymics is, according to J. McDougall (1974), extreme insensitivity and neglect of one’s own internal physical and psychological well-being. A number of authors note in these patients a limited ability to regulate their internal states. [2.p.43.]

Today, the attention of researchers has been drawn to the so-called alexithymic radical in the structure of premonitory personality, as one of the possible psychological risk factors for psychosomatic disorders. Methods are being developed to determine the level of alexithymia in patients with psychosomatic diseases, as well as psychotherapeutic methods aimed at reducing alexithymia by overcoming the personality traits that determine it. [1. p.4]

However, clinical and psychological directions of studying the phenomenon of alexithymia do not provide an unambiguous interpretation of the concept itself, its nature, mechanisms of formation and development in the context of human health. What is common in most studies is the assumption that alexithymia should be classified as a nonspecific risk factor for the development of psychosomatic diseases, as well as the statement of the low effectiveness of psychological methods of influencing alexithymia. In existing studies, the characterization of alexithymia as a factor in the development of the disease contains, in our opinion, a certain contradiction. It remains unclear whether a somatic disease develops on the basis of formed alexithymia or whether the development of alexithymia is provoked by the action of somatic suffering. It is noted that alexithymic traits can intensify and worsen as a result of a violation of somatic health, due to the weakening of the body and demoralization of the patient.

Some authors note that alexithymia is also expressed in the structure of a healthy personality, but the patterns of its formation, as well as the components of its psychological structure that cause mental health disorders, remain unclear. Solving these issues will contribute to the search for effective technologies for psychoprophylaxis and psychocorrection of the severity of alexithymia.

Alexithymia is a psychological characteristic defined by the following cognitive-affective features:

- 1) difficulty in defining (identifying) and describing one’s own feelings;

- 2) difficulty in distinguishing between feelings and bodily sensations;
- 3) a decrease in the ability to symbolize, as evidenced by the poverty of fantasy and other external events than in internal experiences.[1.p.5]

There are a number of character traits common to people suspected of having alexithymia.

- difficulty identifying one's own emotions and feelings. Experiencing the full range of emotions inherent in people, they do not have the opportunity to understand and express them. As a result, difficulties arise in understanding the emotions of others. Such people do not know the feelings of compassion, empathy, or pity. Alexithymics are prone to loneliness.
- Prone to logical, clearly structured thinking.
- They don't tend to dream and fantasize. They have poor imagination and imagination.
- for the same reason they rarely dream.
- emotional experiences are often confused with bodily sensations. Alexithymia is considered a risk factor for psychomatic illnesses.[4]

As noted by one of the first domestic researchers of the phenomenon of alexithymia N.D. Bylkin, the history of the emergence of the concept being studied is in many ways a kind of evidence of the lack of attention of modern society to the problem of impaired contact between a person and his emotional sphere. A significant contribution to the study of the emotional sphere and how a person interacts with it was made not by psychology, but by clinical medicine. This was largely due to the establishment by American psychiatrists J. Nemiah and P. Sifneos of the connection between the phenomenon they described of the patient's inability to name the emotions experienced by himself or other people, and a number of different somatic diseases. These same researchers gave a name to this phenomenon, which we now know under the well-established term alexithymia.

Alexithymia can be primary or secondary.

Primary alexithymia usually occurs as a result of some pathology. It occurs as a complication of pregnancy associated with past illnesses, fetal hypoxia during childbirth, or various serious illnesses in childhood.

Secondary alexithymia can occur in healthy people. As a rule, this is caused by various influencing factors. Nervous shocks, repeated stress, severe mental trauma, severe nervous tension and, in general, all psychological and neurological diseases are examples of this. Alexithymia is also observed in people suffering from schizophrenia, psychosis, autism and similar diseases. There are many explanations for this situation. Let's touch on some of them.

There is a theory that alexithymia is a sociocultural phenomenon that occurs in people with a low social and educational level. In this case, alexithymia is explained as a defense mechanism. It is also noted that alexithymia is associated with developmental disorders.

We can say that in a sense, if a healthy person has problems in connection with the outside world, in the process of socialization and adaptation, then this condition may be associated with alexithymia.

According to another theory, this condition is a consequence of microbial disorders in the brain. This change in the part of the brain that connects the right and left hemispheres causes alexithymia. As a result of microscopic damage, the connection between the hemispheres of the brain is lost, and the right hemisphere takes on the leading role, while the left hemisphere, responsible for feelings and emotions, cannot perform its function under pressure and loses the ability to understand and express human emotions. As a result, alexithymia develops.

This is the lack of ability to experience and express all the emotions inherent in people, which in turn leads to difficulties in understanding the emotions of other people. Therefore, such people do not know the feelings of compassion, pity, sympathy.

From the point of view of psychological analysis, it has been established that alexithymics are prone to loneliness, self-withdrawal from collective circles, and experience discomfort in such circles. People with alexithymia do not make decisions as a result of their emotions. They are based on more logical, clearly structured thoughts.

Another trait that alexithymics lack is daydreaming and fantasizing. The possibilities of imagination are also, unfortunately, limited. For the same reasons, they rarely dream. They often replace their emotional experiences with physiological processes in the body. If a psychologically healthy person realizes that he cried because he was very upset, then an alexithymic person does not understand and cannot explain why tears came out of his eyes. But alexithymia does not limit a person's mental abilities. Therefore, he can logically associate this with eye diseases.

G. Crystal writes in one of his scientific studies of alexithymia: When I first tried to understand the problem that alexithymics have with their affects, it seemed natural to me to focus on two main obstacles: the nature of their transference and the affective disorder. In connection with the transference, I pointed out the following: although these patients were "stuck" in the patient-doctor relationship, and there was very little development or evidence of their emotional attachment, it still seemed useful to consider this relationship as a type of transference that actualized the patient's infantile self-representation and his need to be cared for. In fact, I interpreted this transference in exactly the same way as McDougall (1978) did - that the patient's behavior was a form of primitive communication, like a child crying when distressed.[3]

It should be mentioned here that in psychoanalysis, analysts of various schools often use the model of the mother-child relationship to study the hidden interaction between two unconscious processes - transference and countertransference.

Patients who do not have positive childhood experience in dealing with their emotions and subsequently naming them try to force the analyst to experience something that is impossible for them not only to comprehend, but even to name. In her work *Countertransference and Primitive Communication*, Joyce McDougall gives an example of such experiences.

Methodology for studying the problem

Alexithymia is the single most common cause of poor outcome or complete failure of psychoanalysis and psychoanalytic psychotherapy. The reason this pressing issue has been neglected for so long is partly due to the mystical and paradoxical nature of emotions. Affects are known to every person. They are part of our experience, so familiar and widespread to us that we talk about them as something that is characteristic of man. But affects, with their inherent physiological form of expression, are responses that we share with the entire animal kingdom. However, their universality and constant presence in our everyday life makes them as unrecognizable as prose in our speech. Let's give another example of this phenomenon. Most doctors are familiar with patient complaints of palpitations, shortness of breath, tense and stiff muscles, and other physical components of emotion. After physical examination, doctors often notice that these symptoms are caused by anxiety, but even then patients are unable to admit that they are experiencing this feeling. Moreover, these patients may clearly exhibit symptoms of alexithymia.

To determine the severity of alexithymia, various questionnaires were used: BIQ (Beth questionnaire, Israel), ARVQ (created on the basis of the BIQ scale), SSPS (Sifneos personality scale); The 22-item alexithymia scale of the MMPI was also used. But they all gave very contradictory data, so they were not widely used in scientific research.

The one proposed in 1985 by G. Tylor et al. became more widespread. 26-item Toronto Alexithymic Scale (TAS). Numerous studies using the TAS have proven the stability, reliability and validity of its factor structure and, accordingly, the results obtained.

The Russian version of TAS was adapted at the Psychoneurological Institute named after V. M. Bekhtereva. When filling out the questionnaire, the subject characterizes himself using a Likert scale for answers - from "completely disagree" to "completely agree." In this case, one half of the points has a positive code, the other - negative.

People who score 74 points or more on the TAS are considered alexithymic; a score of less than 62 points corresponds to the absence of alexithymia.

There is a trend towards the development of a shorter scale based on the TAS, as evidenced by the creation of its 20-item version (TAS-20). In this scale, it all comes down to assessing the three main aspects of alexithymia - difficulty identifying feelings, verbalizing feelings and the degree of focusing on external events. A number of studies conducted using TAS-20 indicate its scientific and practical value. Currently, both versions of TAS are widely used in scientific and clinical studies.

Studies have shown that from 5 to 23% of the healthy adult population have some alexithymic traits. [5]

Conclusions

Alexithymia is a risk factor for psychotic disorders. Long-term suppressed emotions are prone to various somatic pathologies. Among them are coronary heart disease, arterial hypertension, bronchial asthma, dermatitis and similar allergic reactions, migraine-like pain. Particular attention should be paid to alexithymics with a degree of obesity. It is known that eating disorders can occur due to a misunderstanding of body sensations and signals. This, in turn, creates the basis for a number of diseases that are life-threatening. Treatment for alexithymia has not yet been fully studied.

According to the data studied to date, it is almost impossible to treat primary alexithymia. However, in the treatment of secondary alexithymia, although in the long term, successful results can be achieved. Secondary alexithymia should be treated with psychotherapy, Gestalt therapy, modified or traditional dynamic therapy, and hypnosis with the effects of suggestion and invitation. Positive results can be obtained in therapy in the complex treatment of psychotic diseases. Holistic treatment aims to help understand, understand and express human emotions. Art therapy is also a good way to develop imagination and thinking, as well as the expression of feelings.

Drug treatment is measures aimed at the functional regulation of the psychopathological state, immunometabolic and hormonal levels. Although the term alexithymia is not included in the International Classification of Diseases, its origin, causes and results have been studied in many scientific studies and studies, and suggestions and recommendations are being developed on the subject. However, the unanimous conclusion is that a person's mental health is a very important issue. If alexithymia is considered a functional disorder of the nervous system, without paying attention to such a condition, visiting a psychologist, psychotherapist and strictly following the recommendations of specialists will allow this condition not to deepen and not get stuck in the trap of complications.

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