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**PSYCHOLOGICAL PREVENTION OF ALEXITHYMIA OF  
SCHOOLCHILDREN IN THE CONTEXT OF ALEXITHYMIC  
SPACE**

E.Y. Brel (a)\*, N.V. Kozlova (b)  
\*Corresponding author

(a) National Research Tomsk State University, Tomsk, Russia, brelelena@mail.ru  
(b) National Research Tomsk State University, Tomsk, Russia, akme\_2003@mail.ru

***Abstract***

The paper presents the results of research on the effectiveness of psychological prevention of alexithymia (“bypass technology”) in childhood and adolescence in the absence of mental and physical health disorders. It has been shown that effectiveness of the mediated prevention of alexithymia in schoolchildren (from junior school age to adolescence) increases due to the inclusion of a proximal socially significant environment (parents and teachers) in this process. The necessity of using the category of alexithymic space has been demonstrated; this is a system-structural organization which includes excessive anxiety, expressed aggressive and hostile reactions of different modality, and empathic difficulties. Positive dynamics of individual structural components of alexithymic space has been shown at a statistically significant level. The longitudinal character of the study associated with psychological support of alexithymics based on the developed “bypass technology” provides for a reduction in the development of alexithymia in the early stages of personality formation, and as a consequence, to contribute to the preservation of a person’s mental and physical health. In addition, taking into consideration the complexity of correcting alexithymic traits while attempting to have a direct psychological impact on them, it has been presented as the most effective means of working with individual components of the alexithymic space.

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**Keywords:** Alexithymia, alexithymic space, psychological prevention..



## 1. Introduction

An important specter of modern research associated with alexithymia and its excess manifestations is determined by the need to search for new forms of psychological support, aimed at preserving health, social adaptation, and harmonious personal development (Coates, 2011). In addition, deprivational cognitive and communicative features which indirectly evidence the accumulation of alexithymic manifestations are observed in children of different ages in the process of psychological research (Soldatova, Zotova et al., 2011).

The researchers note that the problem of alexithymia is caused by distortion of the interaction between an individual and their environment, and destruction of the model of human identity, which also contributes to the violation of mental and psychosomatic health (Crystal, 2006; Iskusnykh, 2015).

However, clinical-psychological directions of studying the phenomenon of alexithymia provide neither an unambiguous interpretation of the concept itself, its nature, mechanisms of formation and development in the context of health, nor ideas about effective technologies of psycho-prophylaxis and psychological correction of the severity of alexithymia.

## 2. Problem Statement

Currently, there is no consensus on the possibility and efficacy of psychological intervention directly in alexithymic traits. The need of fundamentally different approaches to the provision of psychological support is obvious. First of all, it is an appeal to the concept of psychological space of alexithymia (Brel, 2017), which makes it possible to identify the basic indicators for implementation of psychological support.

According to this concept, the main components of the psychological structure of alexithymic space are personal anxiety, aggressiveness and hostility, and also low empathic abilities (Brel, 2017). Anxiety as a stable personality characteristic is directed to the future and associated with experiencing negative emotions: anxiety, anxious anticipation, and negative forestalling of events. This causes a person's state of being constantly in a state of psychological readiness for a pessimistic assessment of the situation, expectation of negative consequences based on excessive emotional overstrain, which contributes to intensification of aggression and hostility. In this case, emotional acceptance of the world and empathic attitude towards people become impossible.

The identified components of the alexithymic space form the basis for disturbed, conflictual relationships and development of psychosomatic response mechanisms. These manifestations also form the basis for the subsequent development of psychosomatic diseases.

Thus, the use of the components of the alexithymic space will enable the gaining of new psychological information contributing to an early prognosis of health disorders and identifying risk groups, design effective approaches to psychological support in the context of health preservation and enhancement of the school students' resource potential.

## 3. Research Questions

Taking into consideration the complexity of the clinical and psychological support for alexithymics, including a categorical statement that "alexithymia is a psychotherapeutic dead end" (Kochyunas, 1986), reliance on the concept of alexithymic space enables a determination to be made on the strategy of

psychological support and prove its efficacy (reduction in the severity of the alexithimic space components).

#### **4. Purpose of the Study**

The research aims to demonstrate a reduction in the severity of the alexithimic space components on the basis of the use of the psychological content of the alexithimic space under conditions of psychological prevention (“bypass technology”).

#### **5. Research Methods**

The total sample of the study comprises 121 participants (63 boys and 58 girls) without mental and physical disorders. Observations and psychological diagnostic measurements in this group were carried out for seven years in school No. 1 of the city of Kemerovo. Based on the research results of the first stage, this sample was divided into an experimental group (50 people; 24 boys and 26 girls) and control group (71 people; 39 boys and 32 girls).

The developed diagnostic model includes various types of psychodiagnostic methods: assessment of the degree of alexithymia expression in the structure of a “practically healthy” personality – the Toronto alexithymic scale; assessment of various indicators of the participants’ anxiety – the Prikhozhan’s scale of anxiety (educational, self-evaluation, interpersonal anxiety and a summary indicator of the anxiety of children of primary school age); Taylor’s Manifest Anxiety scale (the level of personal anxiety of subjects from 13 to 20); assessment of the severity of aggressive and hostile reactions – Bass and Darki’s questionnaire; assessment of the level of empathy of subjects – Yusupov’s questionnaire; assessment of socio-psychological factors of the formation of alexithymia – Varga and Stolin’s test questionnaire of parental attitude.

#### **6. Findings**

The study was of a longitudinal character and comprised three stages:

Stage 1 – a psychological diagnostic test aimed to study the level of anxiety of primary school students, the specifics of their emotional state, psychological characteristics, and some social characteristics of parents and teachers (experimental and control groups).

Stage 2 – complex psychological support for parents and teachers (individual and group counseling) focused on the prevention of alexithymia development in children and aimed at the formation of effective interaction with the outside world, and creation of constructive models of parental behavior; psycho-correctional and developing work with school students in order to stabilize their emotional state, drill the skills of empathic interaction with the surrounding world, build emotionally adequate strategies of behavior, and identify and verbalize emotions (experimental group). The given concept of psychological support is defined as psychological prevention (“bypass technology”).

Stage 3 – a psychological diagnostic test of the same school students from the experimental and control groups already studying in high school at this time (from 15 to 17 years of age).

In the first stage, the research involved the participants of the control and experimental groups, their parents (in two-parent families both mothers and fathers, in one-parent ones – only the mothers) and 4

educators teaching the main disciplines in classes. It should be noted that in this research, the indicators of the level of school students' anxiety at the end of the academic year were taken as the initial results. In general, the sample showed a high level of anxiety in a significant number of subjects (control and experimental groups), with interpersonal anxiety as the most pronounced (68.6% of subjects). Indicators of low anxiety level were not present in the sample. The distribution of indicators in boys and girls according to the parameters studied identified a few more boys with a high level of self-rating anxiety, and a high level of the total value compared with the girls. Although in the statistical analysis of the Student t-criterion there were no significant differences between boys and girls, we note a tendency towards increased anxiety in boys.

When defining the leading type of the parental attitude towards their child (Varga and Stolin's questionnaire), in the experimental group, attention is drawn to the fact that mothers demonstrate a symbiotic relationship with their child much more likely than fathers; whereas fathers tend to either take a rigid hypersocializing position or treat their child as dependent, unadapted, and socially and personally immature. A father seeks to strictly control the actions of his child which drastically reduces the possibility of trusting, accepting relationships. This educational position is most often associated with a parent's unconscious desire to ascribe personal and social insolvency to the child, which stimulates formation of an overprotective style of interaction. This can result in destabilization of the child's emotional state, and development of neurotic symptoms (Lebedinskiy, 1985; Spivakovskaya, 1988; Sokolova, 1989). It should be noted that the types of parental relationship of mothers and fathers were present quite evenly.

When preparing the third stage, the author's own experimental study of the psychological structure of the alexithymic space (Brel, 2018) caused the replacement of psychological support to alexithymic individuals by prevention. A preventive approach, which was defined as "bypass technology", when the main content of psychological work is associated not so much with the phenomenon of alexithymia as with its psychological space, included complex psychological prevention. This approach is focused not only on working with the child, but also the psychological support of his or her closest microsocial environment. The program included preventive and advisory work with the parents and educators in the form of group and individual consultations, as well as several series of training sessions with the children.

The work as part of this program was carried out for six years and it included the following areas: reducing the anxiety level of the school students and stabilization of their general emotional state; developing skills for expressing and verbalizing their emotions; developing empathy abilities; developing active listening skills; reducing aggression and its socialization; forming constructive models of social interaction. In addition, training sessions titled "Effective Parents" (for parents and educators) and "Effective Pedagogical Communication" (for teachers) were conducted as part of the program.

Based on the results of the control psychological diagnosis in the third stage of work, not a single school student of the experimental group had high indicators of alexithymia.

In the third stage of work in the studied sample, the psychological diagnostic test of the participants from the experimental and control groups already studying in high school at this time (from 15 to 17 years of age) was conducted.

When processing the test results in the experimental group, we drew attention to the fact that high rates of anxiety ( $t = 2.903, p < 0.05$ ), alexithymia ( $t = 2.601, p < 0.05$ ), aggressiveness and hostility ( $t = 2.602,$

$p < 0.05$ ) were expressed only in a few cases. Thus, for example, a high level of anxiety according to Taylor's Manifest Anxiety scale was observed in three participants, pronounced alexithymia – in two participants, and a low level of empathic abilities – in one participant ( $t = 1.863$ ,  $p < 0.05$ ). Separate types of aggressive and hostile reactions, according to Bass and Darki's test questionnaire, were observed more often in boys ( $t = 2.183$ ,  $p < 0.05$ ), while the indicators as a whole did not exceed normative values. The diagnostic results in each individual case reflect a picture of individual development and they did not require any additional analysis.

## 7. Conclusion

The effectiveness of the new “bypass technology” approach for implementation of the programs of psychological prevention of alexithymia in childhood and adolescence in the absence of mental and physical health disorders was demonstrated as a result of longitudinal research. Implementation of this program as part of the educational process and involvement of the proximal microsocial environment (parents and educators), increases the efficacy of preventive measures and enhances a person's mental and physical health resources.

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