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# Alexithymia and Adolescents Studying In Minority and Public Schools

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## Abstract

Race for excellence nowadays starts at an early age, as early as adolescence. In the process of development some are able to cope with it happily and some aren't. Hence, they find themselves burdened with unexplained and unidentified emotions, arising out of the identity crisis, a peculiar characteristic of this developmental stage. Cognitive and affective deficits together give way to the particular psychological state called Alexithymia. And as is known, school life helps make or break an adolescent, the researcher finds the research on alexithymia and adolescents studying in minority and public schools, relevant to the contemporary educational settings in these different types of schools. A total number of 400 adolescents (200 males and females each) were taken into account to study alexithymia with reference to the type of school they are studying in. For measuring alexithymiaT.A.S. 20 was employed on the sample. No significant difference on alexithymic scale was found among adolescents studying in public and minority schools. Though the school environment was not found to be significant in development of alexithymia among adolescent boys,adolescent girls studying in minority schools had a significantly higher tendency of being alexithymic. Also, gender could not prove inter group differences in the development of alexithymia among adolescents.

**Key words:** Alexithymia, Public school, Minority school and Adolescents.

**Introduction**

In our highly competitive world in this 21st century, adolescents aspire to get ahead of the other and to excel in their respective fields. But in an effort to outdo everyone else (or even to simply keep pace with them so as not to be left out), they frequently have to undergo a lot of stress. More often than not, they crumble under the burden of such pressure and are clueless about how to effectively cope with it. The secret of coping with the strains of daily life is to effectively manage our own selves first. Only when we learn to manage our internal environment effectively can we hope to deal with our external environment. And needless to say, to manage ourselves, it is essential to understand the components of our internal environment. This internal environment is our psyche-our affective experiences that are the outgrowth of interactions between inherited constitution and environmental factors of influence. Thus, adolescence may be thought of as a kind of crossroads between childhood and adulthood. It is a time when many individuals begin to grapple with a deceptively simple identity- related question: "Who am I?"and "What am I feeling?"

**Review of Literature**

When it comes to identifying the emotion or affect one is feeling an important construct comes into play"Alexithymia "- a construct that stems from psychoanalytic thought; it literally means no words for emotions. The construct primarily refers to a cognitive and affective style marked by difficulties in verbally describing affect and in differentiating mental states from bodily sensations, paucity of fantasy, and utilitarian thinking (Nemiah and Sifneous, 1970). Virtually everyone has experienced from time to time how hard it can be to put one's feelings into words. Yet, for some individuals, this task is especially daunting. Such individuals are characterized by high levels of alexithymia ("no words for feelings"). *Alexithymia* is a personality dimension that involves both *cognitive deficits*, including difficulties in recognizing, describing, and distinguishing feelings from bodily sensations of emotional arousal, and *affective deficits*, including difficulties in emotionalizing and fantasizing (Bermond et al., 2007). It is thought to reflect a deficit in cognitive processing and regulation of emotions (Taylor et al., 1997a, b). Larwood et al. (2021) theorised alexithymia as a multifaceted construct that is characterised by difficulties identifying one's feelings; difficulties describing one's feelings to others; and an externally focused, utilitarian cognitive style. Adverse childhood experiences, including low maternal care, general family pathology and both mental and physical abuse, living in foster homes and orphan homes, cultural

differences have been proposed as psychosocial etiological factors for alexithymia. Moreover, Larwood et. al. (2021) highlighted an overall blunting effect of alexithymia on the appraisal of negative stimuli, as well as an inability to distinguish among emotional states that vary in terms of intensity. De Houwer and Hughes (2019) held a differential view in defining emotional phenomena more profitably in terms of functional-behavioural principles (e.g. operant conditioning, stimulus control, motivating operations) that refer solely to the way in which environment and behaviour interact. Further some findings compellingly suggested a deficit of perspective-taking in alexithymia consistent with reduced narrative engagement, probable reason may be- poorer mental imagery (van der Velde et al., 2013) and poor development of emotion schemas (Hoemann & Feldman Barrett, 2019) and empathy (Grynberg et al., 2018). The main aspects of alexithymia, which can be considered a deficit in cognitive processing and emotions regulation are a difficulty in identifying and describing subjective feelings, a difficulty distinguishing between feelings and the bodily sensations of emotional arousal, restricted imagination processes, as evidenced by a lack of imagination, and a stimulus-bound, externally oriented cognitive style. Alexithymic individuals are therefore incapable of adequately identifying physical sensations such as the somatic manifestations of emotions and may tend to misinterpret their emotional arousal as signs of disease. This makes them susceptible to incorrectly attributing emotion-related physical symptoms to physical disease and to seeking medical care for symptoms for which no medical explanations can be found (Tuzer et al., 2011).

Research studies revealed the contribution of genetic factors to alexithymia development. Several studies suggested that the social environment of early life and cultural factors influence alexithymia development. Alexithymia is also known to develop secondarily as a reaction to stressful situations. Moreover, some constructs may overlap with alexithymia, such as emotional intelligence, emotional awareness, empathy deficits, and autism spectrum disorders. How a person develops alexithymic characteristics and how it affects his or her health throughout the life course need to be clarified. Researchers also need to know how to approach alexithymic patients when their developmental backgrounds are varied [Masaya Kojima (2012), Taylor (2003), Verhaeghe (2004),Max Kurukivi, Simo Saarijärvi, (2014)]. Thus, it appeared to the researcher to study this personality and mental health construct on already bewildered and under pressure of excelling adolescents that are in the process of developing socially,personally and professionally.

**Objectives**

1. To find out the difference between adolescents of Public and Minority schools with regard to the presence of Alexithymia.
2. To find out the difference in presence of alexithymia in adolescent boys studying in minority and public schools.
3. To find out the difference in presence of alexithymia in adolescent girls studying in minority and public schools.
4. To find out the difference in presence of alexithymia in adolescent boys and adolescent girls.

**Hypotheses**

1. There is no significant difference between adolescents of Public and Minority schools with regard to the presence of Alexithymia.
2. There is no significant difference in the presence of alexithymia in adolescent boys studying in minority and public schools.
3. There is no significant difference in the presence of alexithymia in adolescent girls studying in minority and public schools.
4. There is no significant difference in the presence of alexithymia in adolescent boys and adolescent girls.

**Sample**

Subjects for this study included 400 adolescents studying in senior secondary classes of public and minority schools. The sample included 200 adolescent boys, out of which 100 studying in minority schools and 100 in public schools. Further sample included 200 adolescent girls, 100 studying in minority schools and 100 in public schools. These minority and public schools were from Meerut region of N.C.R. covering 3 districts depending on their accessibility.The public school means co-educational CBSE and ICSE board school whereas minority school means school having conferred minority status

by the respective State Government with single status (i,e., boys or girls school).In the present study the sample was generated from the schools located in Bulandshahr, Gautam Buddha Nagar and Meerut districts of N.C.R.

TOOLS

Following tool was employed for collecting data from the adolescent sample in the present study.

**Toronto Alexithymia Scale (T.A.S.-20-H)**

Hindi version of Toronto Alexithymia Scale 20-item (Canada Version) was administered as the population and sample was from Hindi speaking region with mostly sub-urban population. TAS-20 (Bagby, Parker, and Taylor, 1994) is a 20-item, self report measure composed of three subscales. Items are rated on a 5-point rating scale ranging from 1(Strongly Disagree) to 5 (Strongly Agree). For the purpose of the study the scores on these 3 subscales were taken comprehensively to obtain alexithymia score

Scoring: Scoring was done on a 5 point scale ranging from score of 5 to1. The total score so obtained on all 20 items was categorized into 3 categories:

| Score | Category |
|---|---|
| Above or equal to 61 | Alexithymia |
| Ranging 52 to 60 | Possible alexithymia |
| Below or equal to 51 | Non alexithymia |

**Results**

The differences in presence of Alexithymia in adolescents studying in Minority and Public schools are depicted in the following four tables:

**Table: 1 Showing the difference between adolescents of Public and Minority schools with regard to the presence of Alexithymia.**

| Measure | School Type | N | Mean | Std. Deviation | t | Sig. |
|---|---|---|---|---|---|---|
| Alexithymia | Public School | 200 | 49.77 | 12.032 | 0.13 | 0.89 |
| | Minority School | 200 | 49.93 | 12.643 | | |

**Table: 2 Showing the significance of difference between adolescent Boys of Public and Minority schools with regard to the presence of Alexithymia.**

| Gender | Measure | School Type | N | Mean | Std. Deviation | t | Sig. |
|---|---|---|---|---|---|---|---|
| Boys | Alexithymia | Public Schools | 100 | 52.35 | 12.35 | 1.95 | 0.052 |
| | | Minority Schools | 100 | 48.99 | 11.978 | | |

**Table: 3 Showing the significance of difference between adolescent Girls of Public and Minority schools with regard to the presence of Alexithymia.**

| Gender | Measure | School Type | N | Mean | Std Deviation | t | Sig |
|---|---|---|---|---|---|---|---|
| Girls | Alexithymia | Public Schools | 100 | 47.18 | 11.179 | -2.12* | 0.035 |
| | | Minority Schools | 100 | 50.86 | 13.253 | | |

* p<0.05

**Table: 4 Showing the significance of difference between adolescent Boys and Girls with regard to the presence of Alexithymia.**

| Measure | Gender | N | Mean | S.D. | t | Sig. |
|---|---|---|---|---|---|---|
| Alexithymia | Boys | 200 | 50.67 | 12.251 | 1.34 | 0.181 |
| | Girls | 200 | 49.02 | 12.367 | | |

The Table 1 above indicates the differences in Alexithymia scores of adolescents of public and minority schools. The adolescents studying in public and minority schools scored almost similar mean scores on Alexithymia i.e., 49.77 and 49.93**(Table 1)**.This difference was not significant in indicating any difference on Alexithymia between the adolescents studying in public and minority schools.

**Table 2** indicates the scores of adolescent boys studying in public and minority schools. The boys of public schools scored higher mean (52.35) than the boys of minority schools (48.99).But this difference did not turn out to be statistically significant, indicating that the school environment do not affect the alexithymic tendency among the adolescent boys.**Table 3** indicates the scores of adolescent girls studying in public and minority schools. The girls of minority schools scored higher mean (50.86) than the girls of public schools (47.18).This difference in scores was significant at 0.05 level indicating the effects of school environment on adolescent girls in development of alexithymia.Further, **Table 4**highlights the mean scores of adolescent boys (50.67) and adolescent girls (49.02) on alexithymia indicating no inter group difference on alexithymia scores on the basis of gender.

**Pictographic Presentation Of Results**

**FIGURE A** Mean Alexithymia Scores of Adolescent Boys and Girls and Adolescents of Public and Minority School Adolescents(N=200 <Each>) **(Result Tables 1 & 4)**

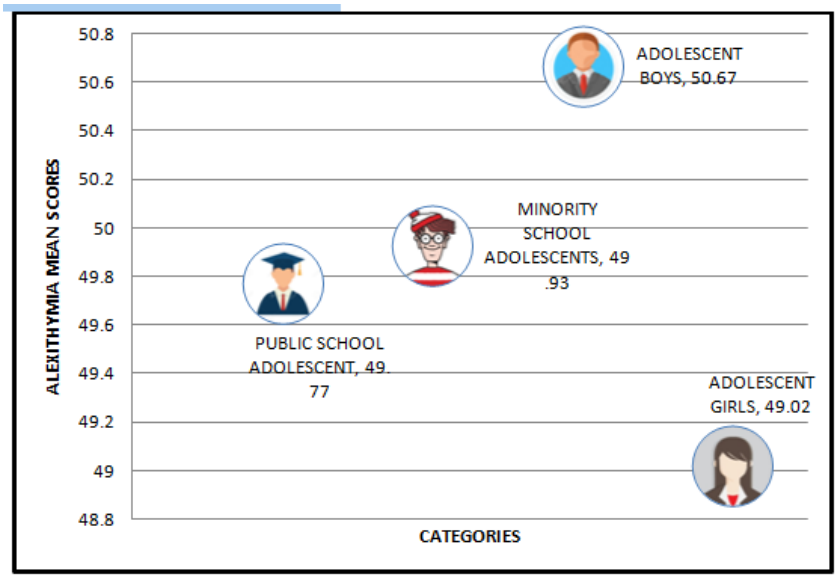
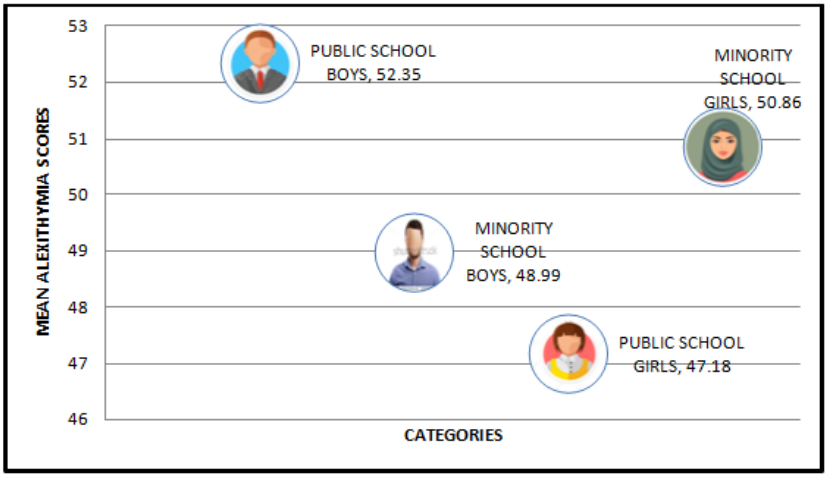



**FIGURE B** Mean Alexithymia Scores of Adolescents Boys and Girls of Public and Minority School Adolescents. (N=100 <Each>)**(Result Tables 2 & 3)**




**Discussion And Suggestions**

As regards to intensity and differences in alexithymia among adolescents of public and minority school it is observed that the difference obtained in mean scores was not significant in indicating any difference between this group in general,taking adolescents as a whole. But individually when adolescent boys and girls were considered, a significant difference is observed between girls of public and minority schools, girls of minority school showed higher tendency to be alexithymic than girls of public schools. Luminet et al. (2021), in their study highlighted that higher scores on alexithymia has multiple implications for daily life. Lacking variation in emotional responses, paucity in experiencing pleasant feelings and an attribution of personal reactions externally rather than internally, that may limit the extent and quality of their social network. These outcomes may be wider and consequential for their physical, psychological and social life. Strikingly, public school boys scored higher on alexithymia scale than minority school boys but, this difference was not significant to predict any difference between two groups. Once again, when the group was tested only on the basis of gender controlling the type of school, boys scored higher mean on alexithymia than adolescent girls. This difference again failed to predict any inter group difference between adolescent boys and girls on alexithymia.

Null hypothesis regarding gender differences on alexithymia is accepted by the present study, but higher scores of boys support a cognitive style that is externally oriented rather than expressive of inner fantasies and drives (Nemiah, 1977). Girls' low score on alexithymia than boys express low preference for focusing on external events and high preference for inner experiences. Alexithymia was not found to be associated with the types of school adolescents are studying in, probably due to professional liabilities rather than the institutional factors that today's adolescents are guided in daily routine in these institutions. The establishment factors of these public and minority schools may have been different but that perhaps was the past. Nowadays, every institution has better physical amenities, better teachers, and an enriched environment for bringing out the potential of students, and above all better medical facilities and a backup system for students in crises.

There is a growing recognition that the health and psycho-social well being of children and youth is of fundamental value and the schools can provide a strategic means of improving children's health, self-esteem, life skills and behavior. Schools, families and communities need to play a positive and responsible role in bringing up children in a healthy environment which would enable each one to maximize their potential. Moreover, the difficulties and problems faced by adolescents should be well identified and attempts should be made to provide proper guidance and education for the removal of their difficulties. The field of cognition and emotion has led to major advancements in understanding the significance of detecting, identifying, understanding, labelling and regulating emotions ( Koole & Rothermund, 2019).

Further it is equally important to examine the potential contribution of the high incidence of infection, injury and other high risk behaviors in adolescents to safeguard adolescents as they complete their developmental time course and

enter adulthood for a transformed and productive life. Shabnam (2014), suggested that the growth achieved, the experiences gained, responsibilities felt and the relationship developed at this stage destine the complete future of an individual. Since in this highly commercial world, it is not easy to change our educational and work setup but what one can do is to learn to cope up with such setups by developing and training adolescents to achieve alternative thinking, cognitive restructuring as well as positive outlook,

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