"WHEN EMOTIONS REMAIN VOICELESS: UNDERSTANDING ALEXITHYMIA AND STRATEGIES FOR OVERCOMING IT"

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Abstract: This article provides a comprehensive analysis of alexithymia, which is one of the most pressing issues in modern psychology and psychosomatics. The underlying causes of alexithymia are examined based on P. Sifneos's classical theory [1] as well as the contemporary neurobiological approaches of G. Taylor and R. Bagby [3]. The article explains the individual's inability to recognize their own emotions and the difficulties in verbalizing them through the diagnostic criteria of the TAS-20 (Toronto Alexithymia Scale) [2].

Furthermore, the study explores the role of childhood attachment styles [5] and the significance of emotional intelligence [4] in the development of alexithymia. The practical section of the research substantiates the effectiveness of cognitive-behavioral therapy [7] and art therapy methods in overcoming alexithymia. At the conclusion of the study, practical recommendations for the prevention of emotional disorders are developed, drawing upon J. Gottman's approaches [6].

Keywords: Alexithymia, emotional intelligence, TAS-20, psychosomatics, cognitive-behavioral therapy, empathy, emotional deficit, neurobiology.

Relevance of the Topic: According to the World Health Organization (WHO), emotional factors lie at the heart of many chronic conditions [9]. Because individuals with alexithymia cannot put their psychological tension into words, this tension is channeled into the physical body. As a result, conditions such as arterial

hypertension, gastrointestinal disorders, and other psychosomatic disturbances emerge. As noted by P. Sifneos, leaving emotions "voiceless" compels the body's organs to "speak" in the form of disease [1].

Aim of the Article: The primary scientific objective of this article is to investigate the phenomenon of alexithymia as a complex psychological and neurobiological system, while theoretically and practically substantiating its impact on human quality of life.

Introduction. Human life consists of a diverse complex of emotions, where feelings serve as the primary bridge between an individual's inner world and the external environment; however, a phenomenon is observed in the field of psychology in which a person is partially or completely deprived of the ability to perceive and express their inner experiences.

The term "alexithymia," first introduced to the modern scientific world in 1973 by Peter Sifneos, specifically represents the problem of "having no words for emotions," and it is not merely a personality trait but a serious psychological condition linked to an individual's emotional intelligence [1].

The relevance of this issue today lies in the fact that since individuals prone to alexithymia cannot articulate their psychological pain through speech, this tension is directly channeled into somatic organs; consequently, this creates a foundation for the emergence of various psychosomatic illnesses, such as arterial hypertension and gastric ulcers, as noted by the World Health Organization [9].

Research indicates that alexithymia hinders not only self-awareness but also the establishment of healthy empathy and communication with others in society, resulting from a decrease in the level of emotional intelligence as defined by D. Goleman [4]. In the etiology of this condition, both neurobiological factors—namely, the weak connection between the cerebral hemispheres—and psychological

determinants, such as improper upbringing during childhood and the blocking of emotional needs, play a crucial role [3, 5].

Therefore, gaining a deep understanding of the essence of alexithymia and developing effective methods for its psychocorrection remains one of the most critical tasks facing modern psychology and medicine.

Main Body. In the study of the etiological foundations of alexithymia, the neurobiological approach occupies a central position, and the formation of this condition is directly explained by functional changes within the human brain. Fundamental research conducted by G. Taylor and R. Bagby demonstrates that in the state of alexithymia, there are disruptions or weaknesses in the information exchange process between the cerebral hemispheres—specifically in the functioning of the corpus callosum [3].

As a result of this neurophysiological barrier, emotional and figurative signals formed in the right hemisphere of the brain are not sufficiently transmitted to the speech and logical analysis centers of the left hemisphere. This significantly limits the individual's ability to verbalize their experiences—that is, to express them through words.Furthermore, according to P. Sifneos's perspectives, this condition is also linked to the weakness of the connections between the limbic system and the cerebral cortex; in this context, emotional arousal is not processed at a conscious level and instead manifests directly in the form of vegetative reactions [1].

From the standpoint of hereditary factors, genetic predisposition determines the reactivity of the human nervous system, which, according to the WHO classification, further exacerbates the susceptibility to psychosomatic diseases [9]. Such biological determinism implies that alexithymia is not merely a product of upbringing but a result of the organism's specific neurophysiological structure in processing emotional information. This, in turn, is clearly manifested as a cognitive-affective deficit when diagnosed using the TAS-20 scale [2].

Socio-psychological factors, particularly the early childhood environment and parental relationships, play a decisive role in the formation of alexithymia. According to the attachment theory proposed by John Bowlby, the emotional bond a child establishes with their mother or primary caregiver forms the foundation of their future emotional world [5].

If a child's emotional needs are consistently neglected during infancy, or if their fears and anxieties are met with a "cold" response, the child learns to block their feelings as a self-defense mechanism, which subsequently leads to the development of secondary alexithymia.

As noted by J. Gottman, the style of "emotional coaching" within the family—specifically the absence of a culture of naming and accepting emotions—stifles a child's ability to analyze their own internal state [6]. Often, individuals raised under the influence of social stereotypes such as "men don't cry" or "showing emotion is a sign of weakness" develop a mechanism that dissociates feelings from logical thinking, which leads to a decrease in the level of emotional intelligence (EQ) as defined by D. Goleman [4].

People who grow up in such environments, instead of perceiving their psychological experiences, evaluate any emotional pressure solely as external events or physical exhaustion, which gives rise to the phenomenon of "concrete thinking" in P. Sifneos's theory [1].

In the clinical presentation of alexithymia, "emotional blindness" occupies a central role and is characterized by profound deficits in the individual's perception of their inner world and their external communication system. As described by P. Sifneos, individuals with this condition face significant difficulties in identifying their subjective experiences and expressing them through a rich vocabulary; this results in a lack of emotional coloring in their speech and causes their communication to take on an excessively technical or pragmatic character [1].

According to the TAS-20 diagnostic criteria, these individuals exhibit a limitation in fantasy and imagination processes, as well as a tendency to direct their attention toward external objective reality rather than internal emotional processes [2]. This condition significantly diminishes the capacity for empathy—defined by D. Goleman as the ability to understand and share the feelings of others—resulting in alexithymic individuals remaining "emotionally cold" and distant in close relationships [4].

Due to disruptions at the neurobiological level, they perceive their own excitement, anger, or sadness not as psychological states, but as vague physical sensations corresponding to somatic symptoms in the WHO classification: such as heart palpitations, headaches, or shortness of breath [3, 9]. These communication barriers create misunderstandings not only in personal life but also within social environments; since the alexithymic individual cannot verbally convey their needs, their internal tension manifests through destructive behavior or chronic illnesses [7].

In the state of alexithymia, the lack of verbal expression for emotions leads to a pathological activation of "body language" and causes psychological tension to be directly transferred to somatic organs. According to P. Sifneos's theory, this process is referred to as "somatization," where an individual's inability to articulate psychological pain, anger, or anxiety causes the nervous system to manifest these signals as physical symptoms [1].

Diagnostic studies conducted using the TAS-20 scale indicate that alexithymic individuals misinterpret their physical sensations (e.g., heart palpitations or sweating), perceiving them not as emotions but as signs of physical illness [2].

According to researchers such as J. Gottman and D. Goleman, low emotional intelligence in such individuals leads to a disconnect between the body and the psyche; as a result, the body begins to "speak" in its own way for emotions that have

remained "voiceless" [4, 6]. Unless this condition is corrected through cognitive-behavioral therapy, an individual may repeatedly seek help from medical institutions without ever discovering the true psychological cause of their illness [7].

The process of psychocorrection for alexithymia requires a systemic approach aimed at helping the individual rediscover their internal feelings and link them to speech. In this regard, cognitive-behavioral therapy (CBT) is considered the most effective method; according to Judith Beck's theory, it helps the client understand the logical connection between their thoughts, emotions, and physical sensations [7]. During the correction process, the "emotion journaling" technique is primarily utilized, where the individual is required to record daily experiences and the corresponding bodily reactions, subsequently naming them based on the emotional intelligence (EQ) criteria recommended by D. Goleman [4].

As P. Sifneos pointed out, because concrete thinking predominates in alexithymic individuals, they are taught during therapy to enrich their emotional vocabulary through the use of metaphors and figurative comparisons [1]. Additionally, to address disruptions at the neurobiological level, exercises that strengthen the connection between the right and left hemispheres of the brain are utilized—specifically methods involving the conscious analysis of internal experiences and their verbalization [3].

In the correction of alexithymia, art therapy methods hold particular significance as they allow internal experiences that cannot be expressed in words to emerge through images and symbols. As Lev Vygotsky emphasized, art is a powerful tool that enables the externalization of an individual's internal emotional conflicts into an outward form, allowing for their subsequent processing [8].

When alexithymic individuals are unable to find names for their emotions, they visualize emotional images in the right hemisphere through drawing, working

with clay, or music therapy; this serves to reduce internal tension by bypassing the neurobiological barriers cited in the research of Gary Taylor and Robert Bagby [3].

The dynamic art therapy method, founded by Margaret Naumburg, enables individuals to allow their unconsciously blocked emotions to "speak" through colors and shapes. Furthermore, when the "emotional vocabulary enrichment" exercises recommended by Goleman are used in harmony with art therapy, the individual begins to develop their emotional intelligence by verbally explaining the images they have created [4].

Relaxation and body-oriented exercises recommended by the WHO (meditation, breathing exercises) teach alexithymic individuals to connect physical sensations in their body with emotions, which ensures preventive effectiveness in avoiding psychosomatic complications [9].

In preventing alexithymia and ensuring emotional stability, preventive measures should primarily focus on developing an individual's emotional intelligence from an early age. As John Gottman emphasized, emotional education within the family must be based on the "emotional coaching" style; specifically, parents must acknowledge any emotion the child feels and teach them how to name these feelings correctly [6]. This process serves as a foundation for preventing the emotional deficits described by Peter Sifneos in the future [1].

According to Goleman's theory, the key preventive link in developing emotional intelligence (EQ) is self-awareness; individuals must observe their reactions in daily stressful situations and convert them into verbal forms [4].

At the neurobiological level, prevention includes intellectual and creative activities (reading, analytical discussions, artistic creation) that strengthen the connection between the cerebral hemispheres. This keeps the emotional information processing system, as cited in Gary Taylor's research, constantly active [3]. Such

systemic prevention not only preserves an individual's mental health but also prevents the formation of high scores on the TAS-20 scale [2].

Conclusion. In conclusion, it must be emphasized that alexithymia is not merely a lack of emotions, but a complex cognitive-affective disorder that directly impacts an individual's mental and physical health. Research that began with Peter Sifneos's fundamental theory has now proven the inseparable link between neurobiological and psychological factors [1].

Studies indicate that disruptions in information exchange between the cerebral hemispheres and a lack of emotional attachment in early childhood limit an individual's ability to express their inner world through words. This, in turn, renders them susceptible to serious psychosomatic diseases as identified by the WHO [3, 5].

However, alexithymia is not an irreversible process; the concept of emotional intelligence proposed by Daniel Goleman, along with the effective application of cognitive-behavioral therapy and art therapy methods, serves to restore an individual's "voiceless" emotions [4, 7, 8].

Systemic psychocorrection of the emotional deficits identified through TAS-20 diagnostics not only restores a person's psychological balance but also fundamentally improves the quality of empathy and communication within their social relationships [2]. Therefore, promoting a culture of emotional education in society and, as John Gottman emphasized, focusing on emotional needs from an early age remains the most effective preventive strategy in avoiding alexithymia [6].

The final conclusion is that recognizing one's own emotions and expressing them correctly is the primary factor determining not only an individual's psychological freedom but also their overall quality of life.

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