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Assess the prevalence Alexithymia referred to the addiction treatment centers in West Mazandaran

Shoukoufeh Rostami Nezhad[*1],Shahrban Ghahari[1], Javad Khalatbari[1]

[1]Department of Psychology, Tonekabon Branch, Islamic Azad University, Tonekabon, Iran

ABSTRACT: The descriptive research method was used, since this study aimed to determine the prevalence of Alexithymia among patients of addiction treatment centers in West Mazandaran, The population of this study included all males of 20 to 50 years old who referred to addiction centers of Tonekabon, Ramsar, Salmanshahr, Kelarabad, abbasabad, Khoramabad and katalom city. Objective: The main objective at this study is to investigate the prevalence of Alexithymia in individuals who took part in Drug Abuse rehabilitation centers in the west of Mazandran. This research made use of descriptive measure (method) to analyze the acquired data. Results: . Sample group consisted of 304 male individuals with the age ranging from 20-50 years old who were randomly selected utilizing cluster random sampling. In order to collect required data Questionnaire called Torento Alexithymia scale (1994, TAS-20) were enabled. Obtained data were scrutinized and precisely analyzed by the means of frequency and precisely analyzed by the means of frequency and frequency percentage in descriptive part of statistics, but in the intention of conducting Follow up test, Schaffer, T-test and one – way variance analysis benefits were obtained from employing in ferential statistics.
Obtained results layemphasis on the following findings which showed 201 individuals (67%) were suffering from Alexithymia. Conclusion: Findings clearly gave indication of existing a meaningful difference in perceiving Alexithymia intensity. (P<0/01).So Connection might be established between Alexithymia intensity and the population of individuals having in harmonies academic qualification. But no meaningful difference was observed in a lexithymia intensity flactmation and the group consisting of married members and the other group consisting of married and bachelor individuals.

Keywords: Prevalence, Different levels of education, Single Married, Addiction Treatment Centers

INTRODUCTION

The root and origin of the concept of Alexithymia is referring to psychosomatic illness. McLean (1949), notes that patients with psychosomatic states are unable to express their feelings. Ruesch also had similar findings in patients with acute posttraumatic stress: childish and immature personality, use the body to express emotions, socially dependent and conformist. Sifneos in 1970 invented the term alexithymia (Sifneos, 1972). Alexithymia is refer to a specific disorder as a phenomenon of cognitive, emotional, psychological functioning that arise as a result of auto-inhibition and emotional feelings. Some researchers have noted that dysfunction in limbic system, abnormal brain laterality and problem in the effectiveness communication between the hemispheres is effective in creating it (Moradi and ghaedi, 2002 Ghorbanshirodi et al, 2011, Ghorbanshirodi et al, 2012). It appears that the features for detection and expression of emotional experiences are aspects of emotional regulation that detect in these areas is explained in the structure of Alexithymia. (Pivio and Mcculloch, 2004).

Over the past three decades of Alexithymia characteristics is defined as: 1) difficulty in identifying feelings and sensitivities related physical distinctions between emotion and emotional arousal; 2) difficulty in describing your feelings to others; 3) externally oriented cognitive style and due to stimuli or in other words thinking outside the circuit; 4) limited visual processing and decreasing fantasize (Parker, Shaughnessy, Wood, Majeski and Eastabrook, 2005, Khalatbari et al,2011, Khalatbari et al,2011a).

Amani in 2001 indicated in a study that the prevalence of Alexithymia addicts is more than ordinary people in Egypt. Studies imply that Alexithymia is the psychological variables that its prevalence rate is high among drug

users (Haroon alrashed, 2001; Hamidi et al, 2010) and and is an important factor in the etiology of addiction (Mutan and Gencoz, 2007).

Some studies show that Alexithymia is a disturbance in the data processing. A prominent characteristic of Alexithymia is defects in feeding. Alexithymics typically have failed to elicit emotions of suppliers in response to the conventional methods and looks are not aware of the environment and are unsuccessful in the diagnosis or differentiation of emotional balance raw physical sensations and of arousal that input indicate. Evaluation mechanism will slip from incomplete input because it is providing a mechanism which is generating to assess the main excitement cannot be used in the external signals for raw feel (Paul Thagard, Wlliam Frawley, Raoul N. Smith, 2001).

The studies that are done on mental disorders are considered Alexithymia as one of the most important factors such as eating disorders, drug abuse, and posttraumatic stress disorder and deterministic obsession, Somatoform disorder and depressive disorder(Mutan and Gencoz, 2007).

The prevalence of Alexithymia has reported in the posttraumatic stress disorder, 40%, In the anorexia nervosa, 60%, in nervous hyperorexia is 56%, in major depression, 45%, In the panic disorder,34% and in Drug abuse, 50% (Wiki Pedia, 2007).

As regards, Alexithymia need to be researched in the various fields because of clinical significance, but in our country the relationship between Alexithymia and its dimensions that has highly prevalent in the clinical samples, has not been studied by Psychological indexes. Thus, the aim of this study was to investigate the prevalence of Alexithymia in the male patients in the addiction centers in West Mazandaran.

Methodology

The descriptive research method was used, since this study aimed to determine the prevalence of Alexithymia among patients of addiction treatment centers in West Mazandaran, The population of this study included all males of 20 to 50 years old who referred to addiction centers of Tonekabon, Ramsar, Salmanshahr, Kelarabad, abbasabad, Khoramabad and katalom city. It should be noted that according to MMT Department of Health Networks of Tonkabon and Ramsar, the total number of male patients referred to addiction centers affiliated with these networks were reported 2050 people. Of which 1,300 were in the age group of 20-50 years old. In this study, the Toronto Alexithymia questionnaire TAS-20 has been used.

Since the objective of this study was to assess the prevalence of Alexithymia. Data obtained through descriptive statistics (frequency, frequency percent) and inferential statistics section using t-test and analysis of variance (ANOVA) and Scheffe post hoc test were used for data analysis.

Results

It has been used the descriptive statistics and inferential statistics to analyze the data and evaluate the research hypotheses.

It has been used the mean in the descriptive statistics section and in the inferential statistics section was used t-test and one-way analysis of variance (ANOVA).

Table 1. Distribution of Alexithymia according to the TAS-20 Questionnaire

Alexithymia intensity	Less than 52(no Alexithymia)	53-60	60 and more
Frequency	101	93	108
Percent	33.22	30.59	35.52

Table 1 shows that among 304 cases of drug addiction treatment centers, 101 individuals (22/33%) are less than 52 means without Alexithymia and 93 individuals (59/39%) with moderate intensity between were 53-60 of Alexithymia and 108 individuals (52/35%) were more than 60 that indicating high intensity. Of these number 201 cases, 67% are suffering Alexithymia.

In this section we analyze the using t-test and ANOVA and Scheffe post hoc test to evaluate the research hypotheses.

First hypothesis: there is a difference between married and single addicts according to TAS-20 test.

Table.2 t-test Alexithymia among married and single people

group	M mean	N number	SD Standard deviation	df Degrees of freedom	t	sig Level of significance
single	59.28	36	11.11			
married	57.28	174	9.86	208	1.08	0.281

According to the table .2 is determined that significance level of the comparison two groups is 0/28 which is higher than 0/05. Thus, we expressed with 0/95 of probability that rate of Alexithymia in two groups showed no significant difference between married and unmarried.

t(208) =1/08; Sin = 0/281 ; P > 0/05

The second hypothesis: there is different Alexithymia intensity in addicts with different levels of education.

Table -3 - Summary table of analysis of variance of Alexithymia

Index / Sources of change	ss Sum Square	df Degrees of freedom	MS Mean square	f	sig Level of significance
Between groups	1914.727	4	478.6	4.55	0.001
Within Group	30032.928	286	105		
Total		29			

As can be seen in the table .3, the significant level is 0/001 and is smaller than □=0/01 level. So with probability of 99% we express that the prevalence of Alexithymia is different in the various education level of addicts. F (4, 286) = 4/56; P <0/01

Table.4 Scheffe post hoc test of Alexithymia

Group	1	2	3	4	5
1 -sub associate	-	0.93	1.22	8.78*	20.22
2 - Associate	-	-	0.29	7.85	19.22
3- Associate's degree	-	-	-	7.56	19
4-Bachelor	-	-	-	-	11.44
5- MA	-	-	-	-	-

According to the table .4 is determined that at the level of □=0/05, there is a significant level at the rate of Alexithymia between sub associate and bachelor groups but we observed the different significant level at the other binary comparisons.

Conclusion

The present study results indicate that prevalence of Alexithymia with moderate to severe is 67% of the target population. It also has been found that there is a significance difference between the intensity of Alexithymia of different educational levels of individuals. We may say that increase in the the level of education is effective in increasing in cognitive processing of emotional perception and individuals with higher education are better able to identify their emotions and distinguish them from their physical senses. Hence, they are able to easily and effectively express their emotions. The results of this study indicate that the prevalence of Alexithymia is moderate to severe.

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