A Study of Alexithymia and Dissociative Experiences in Soldiers and Male University Students

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Abstract

Aim: The purpose of the present study was to compare alexithymia and dissociative experiences in soldiers and male students.

Method: Using a randomized and stratified cluster sampling method and a causal comparative design, a sample of 183 males recruited to do their military service and 208 male university students was selected. Data were collected using a demographic data sheet, the Toronto Alexithymia Scale and the Dissociative Experiences Scale and analyzed using multivariate analysis of variance (MANOVA) and Pearson’s correlation coefficients.

Results: Findings indicate that total alexithmia scores correlated positively with total scores on dissociative experiences. Difficulty identifying feelings and externally oriented thinking were associated with depersonalization and derealization, and externally oriented thinking was also associated with amnestic dissociation. While soldiers and university students did not differ in total scores on dissociative experiences, soldiers tended to score higher on alexithymia. Furthermore, soldiers scored higher on difficulty in identifying feelings and externally oriented thinking and lower on imaginative involvement. The two groups did not differ in terms of difficulty in describing feelings, amnestic dissociation, depersonalization and derealization. A comparison of single and married males revealed greater involvement and less externally oriented thinking in unmarried males.

Keywords: alexithymia, dissociative experiences, soldier;

1. Introduction

Entry into a military environment in early adulthood is considered a sensitive period in the life of youth in most countries. Exposure to such an environment is associated with stress, worry, and expression of emotional reactions, all of which impact on the individual’s performance. Such individuals ought to learn how to perform their roles which is simultaneously difficult, harsh intimate, and emotional as well as to achieve a status in terms of commitment and interpersonal relations. Encountering such roles, continual and difficult training, multiple missions, learning specialized and life-threatening skills, and enduring pressures while performing duties are among the other stressful aspects of military service which can be alleviated by appropriate coping styles (Bani Fateme 2006). In current times, mental illness, anxiety and depression are frequent and common. Despite deep cultural changes, and changes in lifestyle, many people lack the essential ability to face daily hassles. (Nelson, 2006). A report from WHO shows that mental disorder afflicts about 10% of adults in a society and the incidence is rising. Around 450 million people suffer from mental, neurological and behavior problems worldwide. Suicide is one of the three main reasons

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of death among those aged 15 to 34 years (Hossman, John Lupeze va sazenal, 2005). More than 33% of Iranian society is made up of young people who, in accordance with the existing laws of the country and to protect the country enter military service (National Youth Organization, 2002). This new transition in life, despite all its advantages, is accompanied by a variety of stresses such as separation from family, support systems, loved people, changes in eating habits, restrictions to freedom of action, specific and imposed discipline, frequent and compulsory change of location, changes in sleep habits, performance anxiety to meet expectations, problems with superiors and peers, fear of establishing relations with others, inability to approach and solve problems (Curtis, 2001). Military life stresses are imposed on soldiers as precipitating factors, and, depending on their predispositions and in accord with the definition of health (composed of physical, mental and social health which interact with each other), may lead to adjustment problems and the manifestations of behaviors and deviances in soldiers. A prominent example of this is suicide, self-mutilation and physical abuse. In other words, inability to deal with and solve problems adequately may lead to adjustment problems which may surface as emotional disturbances, increased sensitivity to external stimuli, anxiety, distress, mood changes and depression Florkoski et al, 2001). In general, in the military, adjustment is required on two levels and some individuals while trying to make these adjustments, feel devastated mentally. The first stage of adjustment that a newcomer encounters is at the instructional camp which necessitates that the individual change his life style from non-military to military. The second stage is adjustment to the harsh conditions of battle or risk of war (Mirzamani, 2006). Studies have shown that emotional competence of people facilitates the facing of challenges, thereby increasing their mental health (King & Emmons, 1990). Emotionally competent individuals are able to identify their feelings, understand their implications and express their emotions effectively to others. These individuals, in comparison with individuals who lack the ability to understand and express emotional states cope more successfully with negative experiences and demonstrate better adjustment to the environment and others (Goleman, 1995). Alexithymia, a term meaning the absence of words to express emotions, is related to indices of health. Research has shown that alexithymia is associated with incorrect eating habits, immobility, substance abuse ( Helmers & Mint, 1999), somatization (Modestin, Forer, & Malty, 2004), anxiety (Devine, Stewart and Watt, 1999; BertBerthoze et al, 1999; Izaigor, et al, 2004), depression (Modestin et al 2004; Izaigor et al, 2004; Honkalampy et al, 2000). Recently alexithymia has been studied as a likely predictor of dissociative tendencies. Victims of traumatic events such as war, sexual assault or individuals with a history of child abuse have been described as individuals with alexythmia. Also, traumatic models about the development of dissociative tendencies have referred to severe childhood trauma as the main causal factor. It appears that both alexithymia and dissociative tendencies in trauma victims help them overcome emotional states. Sayer & Kose, 2003; Backby et al., 1986; Martin Pill, Young & Irvin, 1986 failed to find a significant relationship between alexithymia and suppression, trait anxiety, and favorable social situations. A lot of soldiers are exposed to the risk of psychological problems and are consequently at risk of impairing their health.

A study carried out in Tehran (Farsi et al., 1986) revealed that 57.80% soldiers were suspected of being afflicted with psychological problems and a significant relationship between mental problems and lack of physical activity, history of self mutilation, escape from military service was observed. Results of other studies have shown that stress was reported by 14.8%, anxiety by 31.3% and depression by 18.2% of soldiers. Furthermore, educational status, previous job, income satisfaction, history of substance use, family history of psychological illness, were found to be associated with emotional reactions (Haji Amini et al., 2010).

Some studies have established a relationship between alexithymia and dissociative experiences while others have not. A study by Graber et al., (2000), Yearvy, (2002) and Belardis et al., (2009) confirmed the relationship between alexithymia and dissociative experiences. Research by Thomas et al., (2000), Sayar and Kohs, (2003), Tokham (2004) failed to find such a relationship. Studies by Kojima et al., showed that alexithymia and lack of social support have the potential to predict the intensity of depression at a 6 month follow-up (Vigerwoods, 2008). Likewise, studies by Deborah et al., (1996) and Victoria et al., (2007) have indicated a significant relationship between the experience of trauma in childhood and adulthood, mental health symptoms in adulthood and considerable increase in dissociation. A study carried by Maranen et al., (2004) on 2001 males and females revealed that the prevalence of dissociation disorder (pathologic) was 3.4% with no sex differences. Men scored higher on the subscales of amnesia while women scored higher on the fantasy subscale. In addition, pathological dissociation, alexithymia, depression
and suicide were strongly associated. Alexithymia and dissociative experiences are relatively new concepts understudied in Iran. Furthermore, findings from international studies appear to be contradictory. If an association emerges between the study variables, the results can be useful for the treatment of alexithymia and, therefore, be beneficial to therapy and counseling centers. Also, there are cases where adults suffer from alexithymia consequent to some stress-induced diseases. Therefore, a study of alexithymia in soldiers and healthy individuals threatened by stress and injury can provide a comparison of alexithymia before and after every stressor experienced. The present study was conducted to answer the following questions.

i. Do soldiers differ from their same aged student counterparts in terms alexithymia?

ii. Do soldiers differ from their same aged student counterparts in terms dissociative experiences?

2. Method

The study was a causal comparative study and the statistical population included all the soldiers recently recruited in the first 6 months of the year 2011, who had undergone their training course as well as all male students enrolled at the university. A sample of 183 soldiers and 208 students was selected through a multi-stage randomized stratified cluster sampling procedure.

2.1 Measures

2.1.1 Sociodemographic sheet

A sociodemographic sheet was used to gather information regarding age, educational status, marital status, and ethnic background of the participants.

2.1.2 Dissociative Experiences Scales

The Dissociative Experiences Scale (DES) has been developed to offer a reliable measure of dissociation in normal and clinical populations (Bernstein and Putnam, 1986). The DES assesses the presence of general dissociative experiences, such as absorption and imaginative involvement, amnestic dissociation, and depersonalization/derealization. The scale is a 28-item self-report questionnaire. Each of the 28 items could range from 0 to 100, Subjects are asked to indicate where they fell on a continuum for each question. The average of all item scores gives an overall score ranging from 0 to 100 for each participant and has called the DES score. The scale has been shown to have excellent convergent validity with other measures of dissociative experiences and impressive predictive validity, in particular concerning dissociative disorders and traumatic experiences (van Ijzendoorn and Schuengel, 1996). In our study, Cronbach’s α was .94.

2.1.3 Toronto Alexithymia Scale (TAS-20)

The TAS is a 20-item instrument that is one of the most commonly used measures of alexithymia. Alexithymia refers to people who have trouble identifying and describing emotions and who tend to minimize emotional experience and focus attention externally. The TAS-20 has 3 subscales: Difficulty Describing Feelings subscale is used to measure difficulty describing emotions; Difficulty Identifying Feeling subscale is used to measure difficulty identifying emotions; Externally-Oriented Thinking subscale is used to measure the tendency of individuals to focus their attention externally. The TAS-20 items are rated using a 5-point Likert scale whereby 1 = strongly disagree and 5 = strongly agree. The total alexithymia score is the sum of responses to all 20 items, while the score for each subscale factor is the sum of the responses to that subscale. The TAS-20 uses cutoff scoring: equal to or less than 51 = non-alexithymia, equal to or greater than 61 = alexithymia. Scores of 52 to 60 = possible alexithymia. The scale demonstrates good internal consistency (Cronbach’s alpha = .81) and test-retest reliability (.
Research using the TAS-20 demonstrates adequate levels of convergent and concurrent validity. The 3 factor structure was found to be theoretically congruent with the alexithymia construct. In addition, it has been found to be stable and replicable across clinical and nonclinical populations.

3. Results

Table 1. Results of the multivariate analysis of variance comparing the mean scores of the two groups on alexithymia, dissociative experiences and the relevant subscales

<table>
<thead>
<tr>
<th>Variables</th>
<th>group</th>
<th>N</th>
<th>Mean</th>
<th>Std. Deviation</th>
<th>F</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amnestic dissociation</td>
<td>Soldiers</td>
<td>182</td>
<td>130.84</td>
<td>137.14</td>
<td>.24</td>
<td>.625</td>
</tr>
<tr>
<td></td>
<td>Students</td>
<td>208</td>
<td>137.32</td>
<td>124.31</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>Total</td>
<td>390</td>
<td>134.29</td>
<td>130.33</td>
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<tr>
<td>Depersonalization/derealization</td>
<td>Soldiers</td>
<td>182</td>
<td>95.30</td>
<td>112.04</td>
<td>.17</td>
<td>.684</td>
</tr>
<tr>
<td></td>
<td>Students</td>
<td>208</td>
<td>99.72</td>
<td>102.15</td>
<td></td>
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<tr>
<td></td>
<td>Total</td>
<td>390</td>
<td>97.65</td>
<td>106.76</td>
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<tr>
<td>Imaginative involvement</td>
<td>Soldiers</td>
<td>182</td>
<td>207.05</td>
<td>150.27</td>
<td>9.12</td>
<td>.003</td>
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<tr>
<td></td>
<td>Students</td>
<td>208</td>
<td>252.14</td>
<td>144.32</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>390</td>
<td>231.10</td>
<td>148.65</td>
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<tr>
<td>Difficulty identifying feelings</td>
<td>Soldiers</td>
<td>182</td>
<td>30.24</td>
<td>6.31</td>
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<td></td>
</tr>
<tr>
<td></td>
<td>Students</td>
<td>208</td>
<td>27.95</td>
<td>5.21</td>
<td>15.36</td>
<td>.000</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>390</td>
<td>29.02</td>
<td>5.86</td>
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<tr>
<td>Difficulty describing feelings</td>
<td>Soldiers</td>
<td>182</td>
<td>19.67</td>
<td>4.15</td>
<td>.10</td>
<td>.747</td>
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<tr>
<td></td>
<td>Students</td>
<td>208</td>
<td>19.80</td>
<td>3.90</td>
<td></td>
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<tr>
<td></td>
<td>Total</td>
<td>390</td>
<td>19.74</td>
<td>4.01</td>
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<tr>
<td>Externally oriented thinking</td>
<td>Soldiers</td>
<td>182</td>
<td>17.08</td>
<td>2.92</td>
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<td></td>
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<td></td>
<td>Students</td>
<td>208</td>
<td>15.88</td>
<td>2.64</td>
<td>18.04</td>
<td>.000</td>
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<tr>
<td></td>
<td>Total</td>
<td>390</td>
<td>16.44</td>
<td>2.83</td>
<td></td>
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<tr>
<td>Alexithymia (total)</td>
<td>Soldiers</td>
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<td>73.48</td>
<td>8.11</td>
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<tr>
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<td>Students</td>
<td>208</td>
<td>71.49</td>
<td>7.87</td>
<td>6.02</td>
<td>.015</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>390</td>
<td>72.42</td>
<td>8.03</td>
<td></td>
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<tr>
<td>Dissociation (total)</td>
<td>Soldiers</td>
<td>182</td>
<td>532.64</td>
<td>370.02</td>
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<td></td>
</tr>
<tr>
<td></td>
<td>Students</td>
<td>208</td>
<td>589.18</td>
<td>321.06</td>
<td>2.61</td>
<td>.107</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>390</td>
<td>562.80</td>
<td>345.48</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Discussion

Considering the findings of this study, among the components of dissociative experiences, fantasy involvement was greater in students than in soldiers (p<.01), while difficulty in identifying feelings and poverty of fantasy the components of alexithymia were greater in soldiers (p<.05). Total alexithymia scores were greater in soldiers (p<.05). No differences were noted between subjects local and non-local in total and subscale scores of alexithymia. Unmarried soldiers and students scored higher than their married counterparts on involvement with fantasy (p<.05). External oriented thinking was greater in married than non-married individuals of both groups (p<.05). An examination of the association between components of alexithymia and dissociative experiences revealed that difficulty in identifying feelings was positively correlated with depersonalization and derealization (p<.05). Poverty of imagination was negatively correlated with depersonalization and derealization (p<.05). Furthermore, externally oriented thinking showed a significant and positive association with dissociative amnesia and depersonalization and
derealization (p<.05). Finally, total alexithymia scores were positively correlated with total dissociative experiences scores.

The period of military service with all its advantages is accompanied by a lot of stress such as separation from family, social support systems and beloved people, changes in eating habits, restrictions in selection and freedom of action, specific and excessive regimentation, compulsory and recurrent relocations, changes in sleep habits, anxiety due to performance against excessive expectations, difficulties with peers or commanders, fear of establishing relations with others, inability to approach and solve problems adequately (Curtis, 2001). Military life stresses are imposed on the soldier simultaneously and serve as precipitating factors. In view of the previous vulnerability and history, these stresses may lead to adaptation difficulties and manifestation of abnormal behaviors in soldiers. A prominent example of this would be suicide, self and other mutilation. In other words, inability to approach and solve problems adequately may lead to adjustment problems, which manifest as emotional disorganization, increased sensitivity to external stimuli, anxiety, distress, mood changes and depression (Flowrski et al., 2001).

Consecutive environmental stresses, destruction of self esteem, lack of introspection, lack of the opportunity to think and military training to reinforce externally oriented thinking and to eliminate independence and decision making, are all factors that increase alexithymia in soldiers.

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