

The Relationship between Sense of Coherence, Alexithymia, and Aggression among Psychiatric Patients

Huda Gaber Hamza¹; Samar Atiya Abo Saleh Gabal²; Sabah Saleh Hassan³

¹Assistant professor of psychiatric nursing and mental health, faculty of nursing, Port Said University; ²Lecturer in psychiatric nursing and mental health, faculty of nursing, Port Said University; ³Assistant professor of Psychiatric and Mental Health Nursing, Faculty of Nursing, Minia University. Egypt

Received: 08/08/2024

Revised: 27/09/2024

Accepted: 28/12/2024

ABSTRACT

Background: The growing research focus on aggressive behavior in individuals with psychiatric disorders is gaining significant attention, and it is essential to gain a deeper understanding of the variables linked to predicting aggression to enhance treatment and prevention strategies. **Aim:** The present study intends to assess the relationship between sense of coherence, alexithymia, and aggression among psychiatric patients. **Subjects and Method:** Utilizing a correlational research design, socio-demographic & clinical questionnaire, Sense of Coherence Questionnaire (SOC-13), Toronto Alexithymia Scale (TAS-20) and brief aggression questionnaire—(BAQ) in a sample of 200 psychiatric inpatients. **Results:** Most patients exhibit elevated levels of aggression and alexithymia and Low Sense of Coherence. **Conclusion:** There were strong statistically significant negative correlations between Sense of Coherence with both aggression and alexithymia. Notably, aggression and alexithymia were found to have a highly statistically significant positive correlation. **Recommendation:** A training program designed for patients with alexithymia will incorporate psychological interventions and cognitive training to help them recognize and articulate their emotions and feelings more effectively.

Keywords: Aggression; Alexithymia; Psychiatric patients; Sense of coherence.

INTRODUCTION

Mental disorders are a prevalent cause of impairment globally, with approximately 25% of the world's population developing mental illness at some point in their lifespan (**Jeyagurunathan, Lau, Abdin, Shafie, Chang, and Samari, et al., 2022**). Sense Of Coherence (SOC) may assist as a protective factor against mental impairment, potentially improving disease outcomes, because it is acknowledged as a health-promoting factor that plays an important role in managing stress across various conditions, including mental disorders (**Badura-brzoza, Magdalena Piegza, Blachut, Piotr Ścisło, & Piotr Gorczyca, 2019**). The SOC is an internal resource that enables individuals to manage stressful circumstances effectively. This is due to SOC's health-promoting orientation, which instills a consistent belief that events are foreseeable and will unfold as expected (**Hussien, Shahin, & Elkayal, 2021**). Additionally, the sense of coherence acts as a buffer, limiting the experience of negative feelings and pathologies, such as depression and anxiety (**Izydorzcyk, Sitnik-Warchulska, Kühn-Dymecka, & Lizińczyk, 2019**).

Sense of Coherence and alexithymia have contradictory impact on the treatment of psychological and physiological diseases, resulting in both positive and negative implications in schizophrenia, respectively (**Allah-Gholilo, Abolghasemi, Dehghan, & Imani, 2015**). Alexithymia was initially introduced by **Sifneos (1972)** as the inability to recognize and articulate one's own emotional experiences, and it may be associated with self-awareness and emotional self-regulation. It has multiple characteristics such as difficulties describing feelings, difficulty differentiating emotions from physiological experiences, An absence of symbolic thought, and an inclination to focus attention outward (**Abdelwahab, El-ashry, El-sayed, Ali & Mohamed, 2024**). Alexithymia, defined as "lack of words for emotions," is marked by cognitive-affective difficulties, including challenges in recognizing and verbally expressing one's feelings (**Yi, Huang, Jiang, Chen, Yang, Li, et al., 2023**).

Persons with major mental illness have a higher prevalence of violent behavior as compared to those without such illness (**Sariaslan, Arseneault, Larsson, Lichtenstein, & Fazel, 2020**). Violence and aggression were defined by The World Health Organization (WHO) as fundamentally the same concept: "the deliberate use

of physical force or power, whether threatened or real, against oneself, another individual, or a group or community, which either causes or has a significant potential to cause injury, death, psychological harm, developmental issues, or deprivation (**Weltens, Bak, Verhagen, Vandenberk, Domen, Amelsvoort, et al., 2021**). Instrumental or proactive hostility is defined as actively causing harm to another person in order to attain an intended result. Conversely, impulsive aggression is frequently described as aggressive or reactive hostility which has no clear purpose (**Girasek , Nagy, Fekete, Ungvari, & Gazdag, 2022**).

Similarly, a recent study indicates a heightened risk of aggression in patients with mental health issues who are hospitalized (**Caruso, Antenora, Riba, Belvederi Murri, Biancosino, Zerbinati, et al., 2021**). Predisposing factors include genetics, prenatal and perinatal stressors, early hardships (such as childhood abuse), conduct disorders, and co-occurring antisocial personality disorder and psychopathy. Additionally, triggering events—especially the onset of psychotic symptoms, neurocognitive impairments, substance abuse, non-compliance with treatment, and stressful life experiences in adulthood—can lead to risk interactions that increase the likelihood of developing violent behavior (**Cho, Shin, An, Bang, Cho, & Lee, 2019**).

Evidence suggests that alexithymia, characterized by difficulties identifying and expressing emotions, can lead to negative health consequences due to poor emotion regulation and ineffective coping with stress and anxiety. In contrast, a strong sense of coherence, which involves perceiving life as comprehensible, manageable, and meaningful, is considered a protective factor that facilitates recovery and resilience in the face of adversity (**Sancassiani, Preti, Cacace, Ruggiero, Testa, Romano, & Carta, 2019**). When examining the link between aggression and sense of coherence , a diminished SOC (perceiving stimuli as threatening, coupled with insufficient internal and external resources to cope effectively) may be associated with aggression in both the emotional and cognitive aspects (hostility, anger), as well as in the behavioral components of aggressive conduct (verbal and physical aggression) (**Pachi, Tselebis, Ilias, Tsomaka, Papageorgiou, Baras, et al., 2022**).

The previous authors added that, Alexithymia, viewed as a more dynamic trait, is believed to play a significant role in the pathway to violent behavior. Alexithymic

individuals may cope with stress at a low level, have limited self-relaxation ability, and have problems making sense of their feelings by believing that they are incomprehensible or overwhelming and avoiding them **(Yıldız, 2020)**. When confronted with undesirable circumstances, persons who are aware of their own emotions are less likely to exhibit basic, uncontrolled emotional responses. Individuals with alexithymia exhibit significant amounts of rage and violent conduct due to their inability to understand, moderate, and communicate their genuine feelings. According to research, the difficulty in distinguishing the emotional part of alexithymia was mostly associated to violence **(Hemming, Haddock, Shaw, & Pratt, 2019)**. Furthermore, alexithymia is linked to various intrapersonal issues, such as elevated physiological arousal and impulsivity **(Mannarini , Taccini, & Rossi , 2023)**.

The capacity of nurses to handle patients' anger is affected not only by staff training but also by the overall approach of the organization. In the current healthcare landscape, which prioritizes principles of clinical governance such as effectiveness, efficiency, and the use of evidence-based practices to enhance patient care quality, particularly in high-risk situations, recognizing and addressing barriers to accessing necessary healthcare services is a key priority **(Ramezani, Gholamzadeh, Torabizadeh, Sharif, & Ahmadzadeh, 2017)**. The main objective of mental health nursing is to create and sustain therapeutic relationships. Nurses need to be well-informed about the particular challenges, treatment objectives, and therapeutic methods when working with patients who have alexithymia. Nursing education and ongoing clinical training should prioritize therapeutic approaches grounded in behavioral change models. Complicated, insight-oriented therapies, extensive group work, and unmodified cognitive behavioral therapy should be avoided. Instead, nursing curricula and professional development should emphasize therapeutic approaches based on behavioral change theories and techniques **(Tacon, 2001)**.

Significance of the study

Psychiatric diseases take a significant toll on society on a worldwide level **(Rehm and Shield, 2019)**. Aggressive behavior is common in the psychiatric patients, regardless of illness. Regardless of whether they display aggressive behavior towards others or themselves, most patients report experiencing impulsivity in

specific situations. Violent behavior is a significant public health concern, as it forms the foundation for criminal acts (Trifu, Tudor, & Radulescu, 2020). The global prevalence of aggression in psychiatric settings varies widely, ranging from around 10% to 50% of patients across different facilities (van Wijngaarden, Berendse, & Verhagen, 2021). Moreover, the percentage of individuals identified as hostile during their acute psychiatric treatment varied from 8% up to 44% (Girasek et al., 2022). The salutogenic theory recognizes a strong sense of coherence as a crucial element of health, while alexithymia is hypothesized to have a significant predisposing influence in the development of diseases (Pachi et al., 2022). A recent study found that the prevalence of alexithymia among patients with schizophrenia was 35.2% (Yi et al., 2023). Additionally, elevated levels of alexithymia are linked to violent behavior (Mannarini, Taccini, & Rossi, 2023). There is limited understanding of the relationship between alexithymia, sense of coherence, and harmful behaviors, such as violence, in individuals with mental health issues. It is important to explore various factors that may affect the hostility of psychiatric patients. The Current study sought to evaluate the relationship between sense of coherence, alexithymia, and aggression in psychiatric patients.

AIM OF THE STUDY

The current study aims to assess the relationship between sense of coherence, alexithymia, and aggression among psychiatric patients.

Research questions

1. What are the levels of sense of coherence, alexithymia, and aggression among psychiatric patients?
2. Is there a relation between the SOC, alexithymia, and aggression among psychiatric patients?

SUBJECTS AND METHOD

Study Design

For the current study, a descriptive correlational research design was adopted.

Study setting

This study was carried out at the Minia Hospital for Mental Health and Addiction Treatment in New Minia City. The hospital is connected to the Ministry of Health. It is separated into two floors: the outpatient clinics, pharmacy, and female inpatient unit are located on the 1st floor. There are 53 beds accessible in the hospital for both sexes; the male inpatient unit, the addiction treatment center, the nursing office, and administration are all located on the second floor. This hospital serves the nine districts of the Minia Governorate.

Subjects:

Two hundred hospitalized psychiatric patients with established diagnoses who were admitted to the previously indicated setting were included in the study as a purposive sample. The sample size was determined using the subsequent statistical formula: $n = \frac{N}{(N-1)B^2+1}$. **Thompson (2012)** developed this sample size formula, where n represents sample size, N represents total population number from the previous year, and B represents the proportion of error (0.05). The following criteria were used to determine which patients were included and excluded:

Inclusion criteria

Stable patient who is capable of providing information

Exclusion criteria

Patients with other organic or mental distortions

Data Collection tools:

The following tools were used to gather the study's data:

Tool I: Socio-demographic and clinical characteristic questionnaire:

The researcher created it following a review of the literature, including socio-demographic information such the patient's age, gender, marital status, educational level, residence, occupation, current living status and family income. As regarding

clinical characteristics, these include diagnosis, onset of disease, duration of illness and number of previous hospitalizations.

Tool II: Sense of Coherence Questionnaire (SOC-13):

A shortened version of Antonovsky's (1983) in an English language, self-rating scale was used for assessing sense of coherence. Three subscales make up the SOC-13: (a) comprehensibility (items 2, 6, 8, 9, 11), which measures the capacity to comprehend and integrate experiences from the inside and outside; (b) manageability (items 3, 5, 10, 13), which measures the capacity to take on challenges and deal with stressful situations; and (c) meaningfulness (items 1, 4, 7, 12, 13), which measures the capacity to interpret experiences and see them as worthwhile challenges. Every question has a seven-point Likert rating system with 1 denoting "very common" and 7 denoting "very rare or never." Items 1, 2, 3, 7, and 10 should have their codes reversed. Scores range from 13 to 91 uses cutoff scoring: 13 to 38 = low SOC, scores of 39 to 64 = moderate SOC and scores of 65 to 91 = high SOC.

Tool III: Toronto Alexithymia Scale (TAS-20):

An assessment of alexithymia that is self-reporting is the Toronto Alexithymia Scale (TAS-20), a condition marked by difficulty recognizing and expressing emotions, a tendency to downplay emotional experience, and an exterior focus of attention. **Bagby, Taylor, and Parker (1994)** developed it in an English language, and **Dawoud (2016)** translated it into Arabic. TAS had a Cronbach's alpha of 0.81 (**Bagby et al., 1994**). The Arabic version's Cronbach alpha was 0.83. Twenty items on the measure are graded from 1 to 5 on a 5-point Likert scale. Three subscales comprise the scale; difficulty in identifying emotions (items: 1, 3, 6, 7, 9, 13, 14), difficulty in describing emotions (items: 2, 4, 11, 12, 17), and externally oriented thinking (items: 5, 8, 10, 15, 16, 18, 19, 20). The summation of these three subscales will provide the total Alexithymia score. The scale ranges between 20 and 100, using cutoff scoring: scores of 52 to 60 indicate possible alexithymia; scores of 61 or more indicate alexithymia. Equal to or less than 51 indicates non-Alexithymia.

Tool IV: Brief Aggression Questionnaire (BAQ):

A 12-item self-report aggression measure entitled the Brief Aggression Questionnaire (BAQ) was created by **Webster, DeWall, Pond Jr, Deckman, Jonason, & Le, et al. (2014)** in an English language. On a scale ranging from 1 (very uncharacteristic of me) to 5 (very characteristic of me), participants are asked to rate how much the statements in the questionnaire that describe their behaviors and emotions are like them. The BAQ is divided into four subscales: verbal aggression (items: 7, 8, 9), physical aggression (items: 1, 2, 3), anger (items: 4, 5, 6), and hostility (items: 10, 11, 12). These four subscales will be added together to determine the overall aggression score. Scores range from 12 to 60, with the following cutoff values applied: 12 to 27 represents low aggression level, 28 to 43 represents moderate aggression level, and 44 to 60 represents high aggression level. On this scale, item No. 4 is the only item in reverse.

Validity of the tools:

Before verifying its validity, the researchers translated the study instruments into Arabic and then back into English. Five specialists from the psychiatric and mental health nursing department made up the panel of experts that determined the content validity of the translated tools. Professors evaluated the tools for understanding application, comprehensiveness, relevance, and clarity in translating Arabic. The jury's observations and suggestions were taken into account, and the appropriate adjustments to the Arabic translation of the tools were made as a result.

Reliability of the tools:

The Cronbach's alpha coefficient test was utilized to test the study instruments' reliability and evaluate their internal consistency. The internal consistency reliability of Arab sense of coherence questionnaire was (0.85), alexithymia (0.92) and for the brief aggression questionnaire was (0.77).

Procedure:

- A review of relevant literature from the past and present was carried out in order to have a complete understanding of the research problem and study

variables. In addition, five psychiatric and mental health nursing specialists comprised the jury group that analyzed and validated the data gathering tools after the researchers translated them into Arabic to determine their validity.

- A formal written approval obtained from Minia University's Faculty of Nursing's ethical research committee (code number: REC2023125)
- Official approval given by the executive manager of the Minia Governorate mental health and addiction treatment hospital following an explanation of the goal and scope of the current study. In order to gain the patients' consent, cooperation, and voluntary involvement in the study, the researchers conducted direct, in-person interviews with the patients to explain the purpose of the research. Confidentiality was also assured.
- The study extended from the start of January 2024 until the end of June 2024, a period of six months.
- The researchers conducted interviews with the patients between 10 AM and 2 PM. on Sundays and Wednesdays of each week in order to gather data. The questionnaires took about 30 to 40 minutes to be completed.

Pilot study

First, a pilot study was implemented before any further research was done. Ten percent (10%) of the entire sample, or twenty psychiatric patients, are included in it. It was carried out to evaluate the study tools' clarity, objectivity, completeness, feasibility, and applicability; to identify potential issues with the tool or methodological approach; and to calculate the time needed to finish the questionnaire. Since the study instruments remained unchanged, the sample selected for the pilot study was combined with the main study sample.

Ethical Considerations

A formal written consent received from the patient rights committee in the study setting as well as the ethical research committee of Minia University's Faculty of Nursing. After the researcher presented herself to the patients and described the purpose and nature of the study, written informed consent was obtained from the patients as well as the hospital's patient rights council. The patient is free to accept or reject participation in the study at any time and without explanation. Patients are

guaranteed the privacy of their personal data, that it will only be utilized for research, and that their involvement carries no risk. The researcher assigned each patient a code number, which they maintained.

Statistical analysis

The collected data was arranged, tabulated, and statistically analyzed using SPSS for Windows version 26.0 (Armonk, NY: IBM Corp). The qualitative data was described using percentages and numbers. The Kolmogorov-Smirnov test was utilized to verify the normality of the distribution. To describe quantitative data, terms such as range (minimum and maximum), mean, and standard deviation were used. The obtained data was considered significant at the 0.05 level. The tests used were the student t-test for normally distributed quantitative variables to compare between two studied categories, the F-test (ANOVA) for normally distributed quantitative variables to compare between more than two categories, and the Pearson coefficient to find the correlation between two normally distributed quantitative variables.

RESULTS

Table 1: reveals that majority of studied sample are males, also 49.5% of them their age <30 years old with mean age 34.36 ± 8.75 years, moreover 39.5% of them have secondary education, on the other hand most of them are single. Regarding to occupation half of them are working. In addition, 82.0% and 87.0% are residing urban area and living with the family respectively. Furthermore 53.5% have sufficient family income/month.

Table 2: represents that, 49.0% of studied sample have schizophrenia, and 47.5% of them have the disease less than five years. Also, 64.0% are hospitalized before with 37.5% are hospitalized from one year or more. In addition, half of them are admitting to the hospital from one to three times.

Figure 1: demonstrates that 71.5% of patients have low sense of coherence level and 13.0% of them show a moderate degree. 15.5%, however, have a high degree of coherence.

Figure 2: illustrates that 76.0% of studied patients have alexithymia as well as 19.0% with possible alexithymia and only 5.0% with non-alexithymia.

Figure 3: shows that seventy percent of the patients under examination have high aggression level while 18% and 12% show, respectively, a moderate and low degree of aggression.

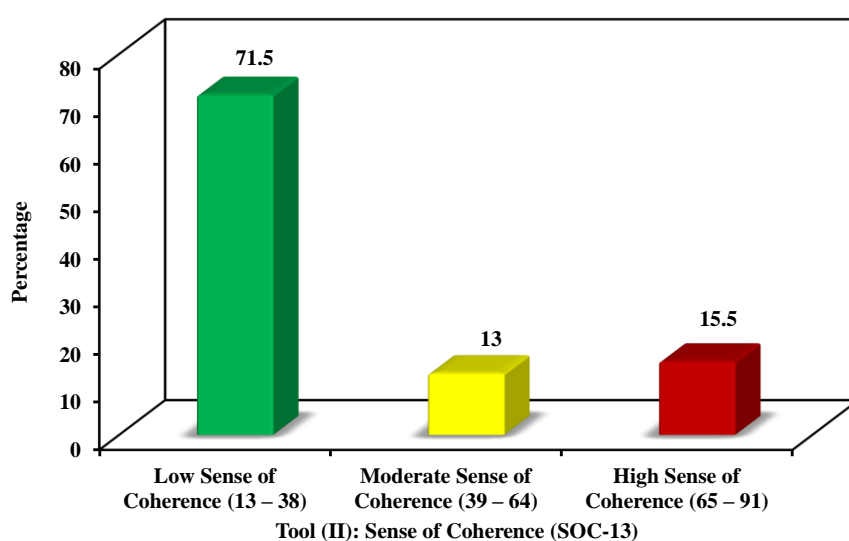
Table 3: clarifies that there were extremely statistically significant negative associations among sense of coherence with both aggression and alexithymia as (At $p < 0.001$, $r = -0.265$) and (at $p = 0.027$, $r = -0.156$) respectively. Whereas there was highly statistically significant positive associations among aggression and alexithymia as ($p = 0.001$, $r = 0.244$).

Table 1: Frequency and percentage distribution of the studied patients regarding to their socio-demographic data (No. = 200)

Socio-demographic data	No.	%
Patient's age		
Less than 30 years.	99	49.5
From 30 to <50 years	88	44.0
≤50 years	13	6.5
Mean ± SD.	34.36 ± 8.75	
Gender		
Male	159	79.5
Female	41	20.5
Level of education		
Not reading or writing	19	9.5
Basic education	65	32.5
Secondary education	79	39.5
College	37	18.5
Status of marriage		
Not married	142	71.0
Married	47	23.5
Separated	11	5.5
Occupational status		
Worked	102	51.0
Not worked	86	43.0
Retired	6	3.0
Student	6	3.0
Residence		
Rural	36	18.0
Urban	164	82.0
Living status		
With the family	174	87.0
Alone	26	13.0
Family income/ month		
Sufficient	107	53.5
Insufficient	93	46.5

Table 2: Frequency and percentage distribution of the studied patients according to their medical data (No. = 200)

Clinical Characteristics	No.	%
Diagnosis		
Schizophrenic disorder	98	49.0
Bipolar disorders	70	35.0
Schizoaffective disorder	32	16.0
Onset of disease in years		
<5 years	95	47.5
From 5 to 10 years	57	28.5
More than 10 years	48	24.0
Prior hospitalization		
Yes.	128	64.0
No.	72	36.0
If yes, last pervious hospitalization	(N = 128)	
Less than one year	53	26.5
One year or more	75	37.5
If yes, No. of pervious hospitalizations	(N = 128)	
From 1-3 times	104	52.0
More than 3 times	24	12.0

**Figure 1:** Frequency and percentage distribution of the studied patients according to sense of coherence levels

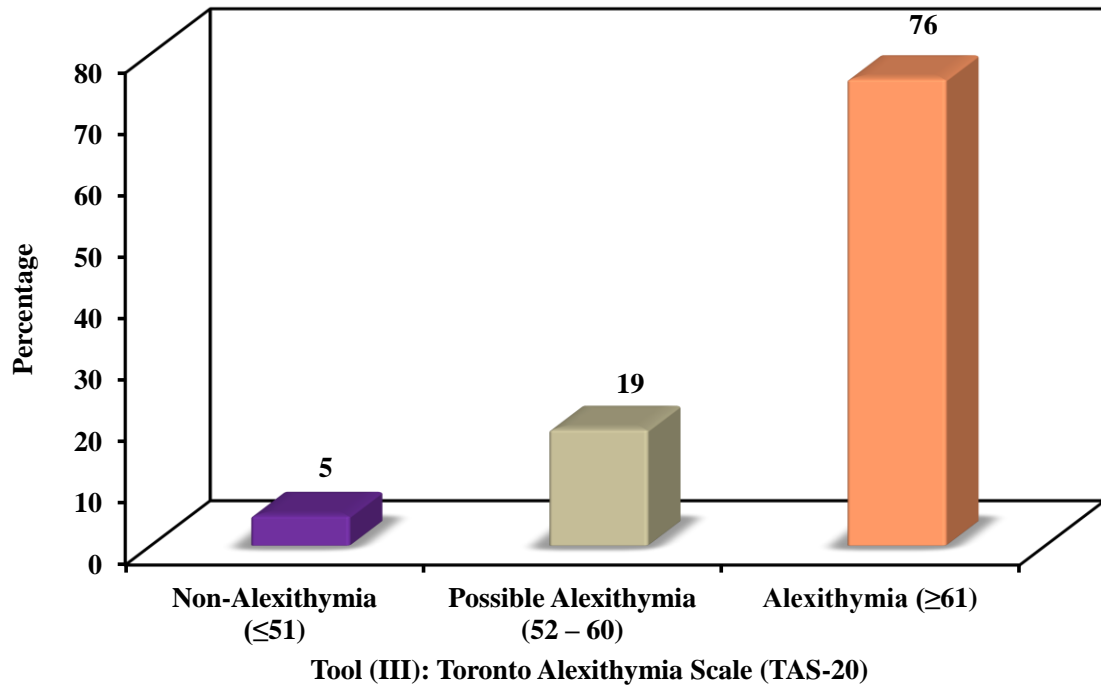


Figure 2: Frequency and percentage distribution of the studied patients according to level of alexithymia

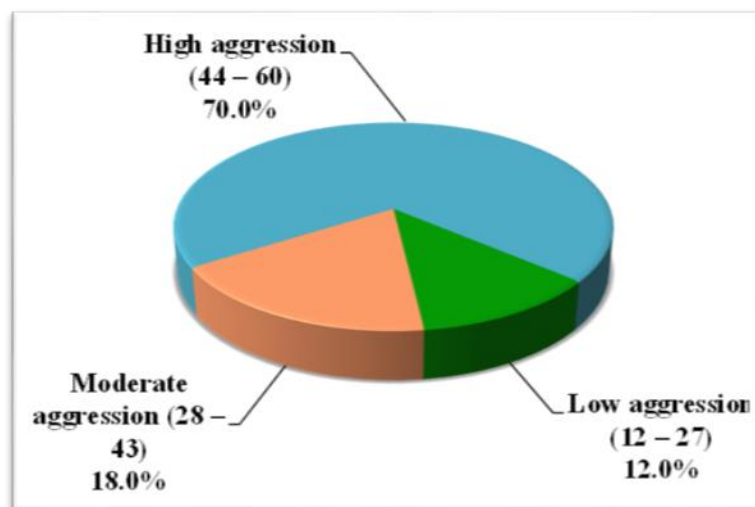


Figure 3: Frequency and percentage distribution of the studied patients according to aggression level

Table 3:Correlation matrix among sense of coherence, alexithymia and aggression among studied patients (No. = 200)

		Aggression (BAQ)	Sense of Coherence	Alexithymia
Aggression (BAQ)	R	1.000	-0.265*	0.244*
	P		<0.001*	0.001*
Sense of Coherence	R		1.000	-0.156*
	P			0.027*
Alexithymia	r			1.000
	p			

DISCUSSION

One significant emotional personality factor that may predict aggressiveness is alexithymia. According to **Pachi, et al., (2022)** the existence of protective or adverse contributing factors to aggression, as SOC and alexithymia becomes significant when considering the potential impact these factors may have on the efficacy of treatments aimed at reducing aggression. This is especially true for psychosocial interventions. Assessing the relationship between SOC, alexithymia and aggression in psychiatric patients was the goal of the current research.

Clinical data from the present research indicates that, almost half of the research subjects had schizophrenia, and their mean illness duration was less than five years. Moreover, around two thirds had previously been hospitalized. Furthermore, between one and three inpatient stays occurred for almost half of them. This outcome was in line with research done by **Mohamed, Zaki,, Saber and Mohammed (2024)** which determined that slightly less than half of the patients had a diagnosis of schizophrenia, and slightly more than two fifths of them had been hospitalized once and had been ill for more than five years. On average, a month was spent in the hospital for the great majority of patients under investigation.

Regarding to sense of coherence level (SOC) according to the findings of the present study, over three-quarters of the patients have low SOC. It might be explained by that anger, hostility, and other affective and cognitive dimensions of

aggressiveness, as well as the instrumental components of aggressive conduct (verbal and physical violence), can all be indicators of a low sense of coherence. Taking into account the fact that proper regulation or management of emotions and coping with stress are linked to a sense of coherence.

There were agreements between the present findings with **Curyło, Czerw, Augustynowicz and Piwowar-Kuczyńska (2023)** who reported that the degree of coherence is lower in individuals with mental disorders than in those without a diagnosis.

Also, the findings were in the line with the study by **Badura-Brzoza, Piegza, Błachut, Ścisło, and Piotr -Gorczyca, (2019)** that a weak SOC score was linked to high level of anxiety and aggressive symptoms in all sample groups. It is consistent with Antonovsky's theory that a high level of SOC may be a "protecting tool" against the stress of illness, and it may also impact the expression of symptoms such as aggression, depression and anxiety.

Furthermore, according to **Da-Silva-Domingues, Del-Pino-Casado, Palomino-Moral, López Martínez, Moreno-Cámara, & Frías-Osuna (2022)**, SOC is strongly associated with a decrease in aggressiveness, healthy habits that are preventive, the capacity to recover from disease and stress, and the flexibility to adjust to changing circumstances. Besides, **Moksnes, and Espnes (2020)** added that, it also plays a significant part in a person's overall mental health and as a coping mechanism against stress; additionally, the protective function of SOC against stressful experiences contributes to an increase in life satisfaction. Similarly, a prior study from Egypt revealed that the comprehension category, which aids in recovery, had the largest proportion of SOC (**Hussien, Shahin, & Elkayal 2021**).

With respect to the degree of alexithymia this research study revealed that most of the study's psychiatric patients experienced high level of alexithymia. It may be related to that there are several mental health problems that alexithymia frequently co-occurs with, such as schizophrenia, mood disorders plus phobias. Indeed, the majority of mental illnesses cause patients to struggle with feeling experiencing, recognizing, and communicating their emotions.

Another plausible explanation may be that, the patients had been in isolated hospital environments for extended periods of time, which limited their communication with friends and relatives. In addition, mentally ill patients may also be exhibiting signs of the disorders itself, such as lowered initiative, social disengagement, emotional apathy, and distrust, all of which could have contributed to an increase in the percentage of alexithymia.

Results from **Yildirim, Hacıhasanoğlu Aşlar ,Camcıoğlu, & Sevinç, (2016)**, who found that patients with psychotic, depressive, somatoform, and anxiety-related problems had the greatest prevalence rates of alexithymia, were in line with this conclusion. Additionally, along with the current study, **Ospina, Shanahan, Perez-Rodriguez, Chan, Clari, & Burdick (2019)** found that the prevalence of alexithymia is much higher in bipolar disorder and schizophrenia patients when compared to healthy controls subjects Likewise, there is evidence that Alexithymia influences psychopathological symptoms by impairing people's ability to regulate their emotions (**Preece, Mehta, Becerra, Chen, Allan, Robinson, et al., 2022**).

Concerning the level of aggression, the present research showed that most patients have high aggression level. This could be attributed to the presence of some risk factors that associated with psychiatric disorders which increase the aggression tendency such as impulsivity that related to neuropsychiatric deficits, medication noncompliance, alcohol or comorbid substance use, young age, male gender, low social support, un marriage and the underlying disease process itself may produce hallucinations and delusions, which may provoke aggressive behavior.

According to a report by **Varshney, Mahapatra , Krishnan , Gupta and Deb (2016)**, violent symptoms are present in up to half of patients with psychiatric disorders, compared to lower percentage of those without such disorders. These findings are consistent with the current research. Similarly, additional research suggests that hospitalized individuals with mental illnesses may be more likely to exhibit aggressive behavior (**Pompili, Carlone , Silvestrini and Nicolò, 2017**).

In addition, results of **Lopez-Garcia, Ashby , Patel , Pierce , Meyer , Rosenthal , et al. (2019)**, who reported that over half of violent acts involving mental illness take place when the patient is receiving mental health services, corroborated

the earlier findings. Aggression has long been thought to be significantly influenced by psychotic symptoms. Furthermore, the majority of patients with first-episode psychosis exhibited violent conduct, with verbal aggressiveness being the most prevalent form of hostility in inpatient units.

With regard to this, **Markiewicz, Pilszyk, and Kudlak (2020)** observed that individuals suffering from schizophrenia frequently behave hostilely, especially after an acute psychotic break. Comparatively speaking, individuals without mental health issues are at nearly four times lower chance of engaging in aggressive behavior. Psychopathology has a strong correlation with the level of violence.

The present research made clear that there were highly statistically significant negative correlations between sense of coherence and both aggression as well as alexithymia. On the other hand, there was a strong positive statistical correlation between aggression and alexithymia. As possible explanation may be due to that, alexithymic individuals have trouble with emotion regulation, have poor coping mechanisms for stress, react inappropriately in relationships with other people, have trouble identifying their own emotions, and are unable to distinguish between their thoughts and feelings and those of others. All of that may increase aggressive behavior among those people.

In other words, it makes rational to suppose that, in times of stress, a failure to identify and express feelings could result in an elevated level of uncontrolled agitated behavior. In addition, feeling of coherence had a significant influence on an individual's ability toward managing emotions, cope with stress, and maintain their wellbeing. Consequently, it may be concluded feeling of coherence is essential to identifying alexithymic traits.

These findings were supported by a newest research carried out by **Pachi et al. (2022)**. According the study's findings, there were noteworthy negative connections between the aggression and alexithymia scores on the feeling of coherence scale. The TAS and brief aggression scales did, however, show a significant connection. Also the outcomes in accordance with the findings of **Janik McErlean, and Lim (2019)** who's findings show a positive correlation between alexithymia and aggression.

CONCLUSION

The majority of patients have high levels of aggression along with alexithymia and low levels of SOC, according to the study's findings. Furthermore, there were highly statistically significant negative correlations between sense of coherence with both aggression and alexithymia. While, there was a highly statistically significant positive correlation between aggression and alexithymia.

RECOMMENDATIONS

Based on the results of the current study, the following were recommended:

- Raise the mental health team's understanding of the value of promoting and strengthening the sense of coherence as a strategy for mental health promotion through workshops and seminars.
- An educational program designed to teach individuals with alexithymia psychological intervention and cognitive training to help them recognize and appropriately express their emotions and sensations.

References

- Abdelwahab, M., El-ashry, A. M., El-sayed, M. M., Ali, M., & Mohamed, R. (2024). The effect of physical exercises program on social functioning, alexithymia , and sense of coherence among patients with bipolar disorders : A randomized control trial. *Archives of Psychiatric Nursing*, 49(2), 83–92.
- Allah-Gholilo, K., Abolghasemi, A., Dehghan, H., & Imani, H. (2015). The association of alexithymia and sense of coherence with life satisfaction in attention deficit hyperactivity disorder. *Zahedan Journal of Research in Medical Sciences*, 17(4).
- Antonovsky, A. (1983). The structure and properties of the sense of coherence scale, *Social Science & Medicine*, 36(2), 725-733.
- Badura-Brzoza, K., Magdalena Piegza, M. D., Błachut, M., Piotr Ścisło, M. D., & Piotr Gorczyca, M. D. (2019). Sense of coherence in patients with different psychiatric disorders and its relationship to quality of life. *Israel Journal of Psychiatry*, 56(3), 36-39.
- Bagby, R. M., Parker, J. D., & Taylor, G. J. (1994). The twenty-item Toronto Alexithymia Scale—I. Item selection and cross-validation of the factor structure. *Journal of psychosomatic research*, 38(1), 23-32.
- Banni, S. (2015). Alexithymia, sense of coherence and dysregulation of biorhythms in fibromyalgia: implications for pain management and quality of life. Unpublished Doctoral Thesis., Università degli Studi di Cagliari, Cagliari, Italy.

- Caruso, R., Antenora, F., Riba, M., Belvederi Murri, M., Biancosino, B., Zerbinati, L., & Grassi, L. (2021). Aggressive behavior and psychiatric inpatients: a narrative review of the literature with a focus on the European experience. *Current Psychiatry Reports*, 23, 1-12.
- Cho, W., Shin, W. S., An, I., Bang, M., Cho, D. Y., & Lee, S. H. (2019). Biological aspects of aggression and violence in schizophrenia. *Clinical psychopharmacology and neuroscience*, 17(4), 475.
- Curyło, M., Czerw, A. I., Augustynowicz, A., & Piwowar-Kuczyńska, B. F. (2023). Evaluation of the level of sense of coherence in mental disorders and stress-a literature review. *General Medicine & Health Sciences*, 29(3).
- Da-Silva-Domingues, H., del-Pino-Casado, R., Palomino-Moral, P. Á., López Martínez, C., Moreno-Cámara, S., & Frías-Osuna, A. (2022). Relationship between sense of coherence and health-related behaviours in adolescents and young adults: a systematic review. *BMC Public Health*, 22(1), 477.
- Dawood, N., (2016). The Relationship between Alexithymia and Parental Rearing Patterns, Economic and Social Status, Family Size, and Gender (in Arabic). *Jordanian Journal of Educational Science*, 12(4), 415-434
- Girasek, H., Nagy, V. A., Fekete, S., Ungvari, G. S., & Gazdag, G. (2022). Prevalence and correlates of aggressive behavior in psychiatric inpatient populations. *World Journal of Psychiatry*, 12(1), 1–23.

- Hemming, L., Haddock, G., Shaw, J., & Pratt, D. (2019). Alexithymia and its associations with depression, suicidality, and aggression: an overview of the literature. *Frontiers in psychiatry, 10*, 203.
- Hussien, R.M., Shahin, M.A., & Elkayal, M.M., (2021). Relationship Between Sense of Coherence and Social Support and Psychological Well-being Among Patients with Schizophrenia. *Egyptian Journal of Health Care, 12*(2), 28–57.
- Izydorczyk, B., Sitnik-Warchulska, K., Kühn-Dymecka, A., & Lizińczyk, S. (2019). Resilience, sense of coherence, and coping with stress as predictors of psychological well-being in the course of schizophrenia. The study design. *International Journal of Environmental Research and Public Health, 16*(7), 1266.
- Janik McErlean, A. B., & Lim, L. X. C. (2019). Relationship between parenting style, alexithymia and aggression in emerging adults. *Journal of Family Issues, 41*(6), 853-874.
- Jeyagurunathan, A., Lau, J. H., Abdin, E., Shafie, S., Chang, S., Samari, E., Cetty, L., Wei, K. C., Mok, Y. M., Tang, C., Verma, S., Chong, S. A., & Subramaniam, M. (2022). Aggression amongst Outpatients with Schizophrenia and Related Psychoses in a Tertiary Mental Health Institution. *Frontiers in Psychiatry, 12*(1).
- Lopez-Garcia P, Ashby S, Patel P, Pierce KM, Meyer M, Rosenthal A, Titone M, Carter C, Niendam T. (2019). Clinical and neurodevelopmental correlates of aggression in early psychosis. *Schizophrenia Research, 212*, 171-176.

- Mannarini, S., Taccini, F., & Rossi, A. A. (2023). The role of alexithymia and impulsivity in male victims and perpetrators of intimate partner violence. *Behavioral Sciences*, *13*(5), 402.
- Markiewicz, I., Pilszyk, A., & Kudlak, G. (2020). Psychological factors of aggressive behavior in patients of forensic psychiatry wards with the diagnosis of schizophrenia. *International Journal of Law And Psychiatry*, *72*, 101612.
- Mohamed, Z. S., Zaki, S. M., Saber, E. H., & Mohammed, T. S. (2024). Relation between Resilience and Mental Health Recovery among Psychiatric Patients. *Minia Scientific Nursing Journal*, *15*(1), 11-20.
- Moksnes, U. K., & Espnes, G. A. (2020). Sense of coherence in association with stress experience and health in adolescents. *International Journal of Environmental Research and Public Health*, *17*(9), 3003.
- Ospina, L., Shanahan, M., Perez-Rodriguez, M., Chan, C., Clari, R., & Burdick, K. (2019). Alexithymia predicts poorer social and everyday functioning in schizophrenia and bipolar disorder. *Psychiatry Research*, *273*, 218–226.
- Pachi, A., Tselebis, A., Ilias, I., Tsomaka, E., Papageorgiou, S. M., Baras, S., Kavouria, E., & Giotakis, K. (2022). Aggression, Alexithymia and Sense of Coherence in a Sample of Schizophrenic Outpatients. *In Healthcare*, *10*(6), 1–23.
- Pompili E., Carlone C., Silvestrini C., Nicolò G. (2017). Focus on aggressive behavior in mental illness. *Riv Psichiatr*, *52*(5),175–9.

- Preece, D. A., Mehta, A., Becerra, R., Chen, W., Allan, A., Robinson, K., Gross, J. J. (2022). Why is alexithymia a risk factor for affective disorder symptoms? The role of emotion regulation. *Journal of Affective Disorders*, 296, 337–341.
- Ramezani T, Gholamzadeh S, Torabizadeh C, Sharif F, Ahmadzadeh L. (2017). Challenges of Nurses' Empowerment in the Management of Patient Aggression: A Qualitative Study. *Iranian journal of nursing and midwifery research*, 22(6):442-448
- Rehm, J., & Shield, K. D. (2019). Global burden of disease and the impact of mental and addictive disorders. *Current psychiatry reports*, 21, 1-7.
- Sancassiani, F., Preti, A., Cacace, E., Ruggiero, V., Testa, G., Romano, F., & Carta, M. G. (2019). Alexithymia and sense of coherence: Does their impact on fibromyalgia suggest new targets for therapy?. *General Hospital Psychiatry*, 59, 78-79.
- Sariaslan, A., Arseneault, L., Larsson, H., Lichtenstein, P., & Fazel, S. (2020). Risk of subjection to violence and perpetration of violence in persons with psychiatric disorders in Sweden, *JAMA Psychiatry*, 77,359–367.
- Sifneos, P. E. (1972). *Short-term psychotherapy and emotional crisis*. Harvard University Press.
- Tacon, A. (2001). Alexithymia: a challenge for mental health nursing practice. *The Australian and New Zealand Journal of Mental Health Nursing*, 10(4), 229–235.

- Thompson, S. (2012): Sampling, Wiley Series in Probability and Statistics, 3rd Ed, Chapter 4, Sample size, p. (54-56). Wiley-Blackwell
- Trifu, S. C., Tudor, A., & Radulescu, I. (2020). Aggressive behavior in psychiatric patients in relation to hormonal imbalance. *Experimental and therapeutic medicine*, 20(4), 3483-3487.
- van Wijngaarden, I., Berendse, M. B., & Verhagen, M. (2021). Aggression on the psychiatric ward: Prevalence and risk factors. *PLOS ONE*, 16(7), e0254347.
- Varshney, M., Mahapatra, A., Krishnan, V., Gupta, R., & Deb, K. S. (2016). Violence and mental illness: what is the true story?. *J Epidemiol Community Health*, 70(3), 223-225.
- Webster, G. D., DeWall, C. N., Pond Jr, R. S., Deckman, T., Jonason, P. K., Le, B. M., ... & Bator, R. J. (2014). The brief aggression questionnaire: Psychometric and behavioral evidence for an efficient measure of trait aggression. *Aggressive behavior*, 40(2), 120-139.
- Yi, Y., Huang, Y., Jiang, R., Chen, Q., Yang, M., Li, H., & Feng, Y. (2023). The percentage and clinical correlates of alexithymia in stable patients with schizophrenia. *European Archives of Psychiatry and Clinical Neuroscience*, 273(3), 679–686.
- Yıldırım, A., Hacıhasanoğlu Aşlar R., Camcıoğlu, T., Ergün Sevinç, E. (2016). Alexithymia in depressive, anxiety, somatoform and psychotic disorders: A comparative study. *J Psy Nurs*. 7(2): 75-81

Yıldız, B. (2020). Investigation the mediator role of sense of coherence in the relationship between self-differentiation and alexithymia in university students. *Turkish Psychological Counseling and Guidance Journal*, 10(59), 603-616.

العلاقة بين إحساس التماسك، صعوبه التعبير عن المشاعر، والعدوان لدى المرضى النفسيين.

هدى جابر حمزة¹؛ سمر عطية أبو صالح جبل²؛ صباح صالح حسن³

¹ استاذ مساعد في التمريض النفسي والصحة العقلية، كلية التمريض، جامعة بورسعيد ؛ ² مدرس التمريض النفسي والصحة العقلية، كلية التمريض، جامعة بورسعيد ؛ ³ أستاذ مساعد في التمريض النفسي والصحة العقلية، كلية التمريض، جامعة المنيا. مصر

الخلاصة

يكتسب التركيز البحثي المتزايد على السلوك العدواني لدى الأفراد المصابين بالاضطرابات النفسية اهتمامًا كبيرًا، ومن الضروري فهم المتغيرات المرتبطة بتوقع العدوان بشكل أعمق لتحسين استراتيجيات العلاج والوقاية. الهدف: تهدف الدراسة الحالية إلى تقييم العلاقة بين إحساس التماسك، صعوبه التعبير عن المشاعر، والعدوان لدى المرضى النفسيين. الموضوعات والطريقة: تم استخدام تصميم بحثي ارتباطي، استبيان اجتماعي ديموغرافي وعيادي، استبيان إحساس التماسك (SOC-13) ، مقياس الأليكسثيميا في تورنتو (TAS-20) واستبيان العدوان المختصر (BAQ) في عينة من 200 مريض نفسي مقيم في المستشفى. النتائج: أظهر معظم المرضى مستويات مرتفعة من العدوان والأليكسثيميا، وانخفاض في إحساس التماسك. الخلاصة: كانت هناك علاقات ارتباطية سلبية قوية ذات دلالة إحصائية بين إحساس التماسك وكلاً من العدوان وصعوبه التعبير عن المشاعر. ومن الجدير بالذكر أنه تم العثور على علاقة ارتباط إيجابية ذات دلالة إحصائية عالية بين العدوان وصعوبه التعبير عن المشاعر. التوصية: يوصى

بتصميم برنامج تدريبي للمرضى الذين يعانون من صعوبة التعبير عن المشاعر يشمل التدخلات النفسية والتدريب المعرفي لمساعدتهم على التعرف على مشاعرهم ووضوح التعبير عنها بشكل أكثر فعالية.

الكلمات المرشدة: العدوان؛ صعوبة التعبير عن المشاعر؛ المرضى النفسيين؛ إحساس التماسك.