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WHEN WORDS FAIL: INVESTIGATING ALEXITHYMIA AND COPING STRATEGIES IN ADOLESCENT MENTAL HEALTH

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ABSTRACT

Introduction: Alexithymia, defined by difficulty identifying and verbalizing emotions, has emerged as a significant factor influencing emotional regulation and coping behaviors in youth. Adolescents with high levels of alexithymia may be at greater risk of psychological distress due to maladaptive coping mechanisms and reduced social support engagement.

Materials and Methods: This cross-sectional study was conducted among 141 high school students aged 15–18 in Skopje, North Macedonia. Participants completed validated instruments including the Toronto Alexithymia Scale (TAS-20) and the Adolescent Coping Orientation for Problem Experiences (COPE-A). Statistical analyses included descriptive statistics, Pearson correlations, to examine associations between alexithymia and coping strategies.

Results: The mean TAS-20 score suggested a high prevalence of alexithymic traits in the sample. Approximately 44% of adolescents in the sample scored above the clinical threshold for alexithymia (TAS-20 > 61), highlighting the prevalence of emotional processing difficulties in this population. Significant correlations were found between higher alexithymia and maladaptive emotion regulation strategies such as self-blame, rumination, and catastrophizing. Conversely, positive coping strategies like positive reappraisal and acceptance were negatively correlated with alexithymia levels. Participants with high alexithymia reported a greater tendency to engage in maladaptive coping behaviors.

Discussion: Findings underscore alexithymia as a trait associated with emotion dysregulation and diminished coping flexibility in adolescents. The results highlight the interplay between poor emotional awareness and a tendency to adopt dysfunctional cognitive responses to stress, which may exacerbate vulnerability to psychological problems.

Conclusion: Early identification of alexithymic traits and the promotion of emotional literacy and adaptive coping in adolescence are crucial. Preventive school-based programs focusing on emotional skill development and peer support may buffer the impact of alexithymia and enhance youth mental health outcomes.

Keywords: adolescents, alexithymia, coping strategies, high school students, mental health, Toronto Alexithymia Scale, Adolescent Coping Orientation for Problem Experiences

INTRODUCTION

Alexithymia is a personality construct characterized by difficulty in identifying and describing feelings, along with a tendency toward externally oriented thinking and limited imagination [1]. First introduced in 1973 [2], it has since been linked to impaired emotional awareness, affect regulation, and interpersonal functioning [3]. Although not classified as a formal psychiatric disorder, alex-

ithymia is a significant factor influencing mental health outcomes across both clinical and non-clinical populations [4].

One key area of concern is the impact of alexithymia on coping mechanisms. Coping refers to the cognitive and behavioral strategies individuals use to manage stressful situations and emotional distress [5]. Evidence suggests that individuals with high levels of alexithymia tend to rely on maladaptive coping styles, such as avoidance, suppression, and somatization, rather than constructive problem-solving or emotional expression [6, 7]. This predisposition may exacerbate psychological distress and limit effective stress management.

Furthermore, alexithymic individuals often have difficulty seeking social support, internalize stress more frequently, and are at increased risk for anxiety, depression, and psychosomatic symptoms [8]. Therefore, examining the interplay between alexithymia and coping strategies in youth populations may help identify early intervention targets and guide tailored therapeutic approaches.

Skopje, North Macedonia, represents a region where data on adolescent emotional functioning remains limited. Conducting this study in a high school context allows for greater insight into these dynamics within an underrepresented population.

This study aims to investigate the association between alexithymia and coping strategies among adolescents, using validated psychometric tools to identify emotional processing deficits that may hinder adaptive coping.

Given the prior literature, we anticipated that adolescents with elevated alexithymia would demonstrate a preference for maladaptive coping mechanisms such as denial, rumination, or behavioral disengagement.

MATERIALS AND METHODS

This study employed a cross-sectional design conducted in Skopje, North Macedonia, involving participants recruited from various high schools. A total of 141 individuals participated, with an age range spanning from 15 to 29 years. However, the majority of respondents were adolescents between 15 and 18 years of age (mean age = 16.18, SD = 0.91). The gender distribution included 54 males (38.3%) and 87 females (61.7%). Participation was entirely voluntary, anonymous, and based on informed consent, with ethical approval granted by the relevant institutional review board.

The psychological assessment included two validated instruments. The first was the Toronto Alexithymia Scale (TAS-20), a widely recognized tool for measuring alexithymia. It comprises 20 items divided into three subscales: Difficulty Identifying Feelings (DIF), which includes seven items; Difficulty Describing Feelings (DDF), consisting of five items; and Externally-Oriented Thinking (EOT), made up of eight items. Each item was rated on a 5-point Likert scale ranging from “strongly disagree” (1) to “strongly agree” (5). Higher total scores indicate greater difficulties in emotional identification and expression, characteristic of alexithymic traits. Cronbach’s alpha for the TAS-20 subscales ranged from 0.78 to 0.86, indicating strong internal consistency.

The second instrument applied was the Adolescent Coping Orientation for Problem Experiences (COPE-A) inventory. This tool evaluates a broad range of coping strategies through several subscales, including but not limited to active coping, denial, humor, religious coping, planning, and emotional support. Each subscale contains four items, rated on a 4-point Likert scale from “never” (1) to “most of the time” (4). The COPE-A required no reverse scoring, and its multidimensional structure provided insights into both adaptive and maladaptive coping mechanisms employed by the participants. Internal consistency of the COPE-A subscales was also acceptable, with Cronbach’s alpha values ranging from 0.72 to 0.89

Data collection took place in classroom settings, where students completed the questionnaires under the supervision of teachers to ensure standard conditions. Responses were later entered manually into an excel spreadsheet for processing. All identifiable information was removed to maintain confidentiality throughout the analysis.

Statistical analysis was performed using a combination of SPSS version 26 and Python (v3.10), utilizing libraries such as pandas, seaborn, and matplotlib for both computation and visualization. Linear regression modeling was employed to evaluate the predictive value of coping strategies and demographic variables on TAS-20 scores. Effect sizes and 95% confidence intervals were calculated to assess the strength and precision of associations. Descriptive statistics were used to summarize demographic characteristics and questionnaire scores. The reliability of the TAS-20 and COPE-A subscales was assessed through

Cronbach's alpha, ensuring internal consistency of the measured constructs. Pearson correlation coefficients were calculated to examine associations between the alexithymia subscales and various coping strategies. Visual aids including heatmaps, boxplots, and bar charts were created to enhance the interpretation of the statistical findings. These methodological procedures were designed to ensure both rigor and clarity in exploring the emotional and coping profiles of this adolescent-majority sample.

RESULTS

A total of 141 individuals were evaluated, with an age range spanning from 15 to 29 years. However, the majority of respondents were adolescents between 15 and 18 years of age (mean age = 16.18, SD = 0.91). The gender distribution included 54 males (38.3%) and 87 females (61.7%).

The age distribution of respondents (Figure 1) reveals that the majority fall within the 15 to 18-year-old range, with a clear peak at age 17. This indicates that the dataset is heavily concentrated in mid-to-late adolescence. The distribution shows a positive skew, with progressively fewer participants in the older age brackets, extending up to age 30. The kernel density estimate (KDE) overlay further confirms this right-skewed pattern, highlighting a sharp decline in frequency beyond age 19. These findings suggest that the study cohort predominantly consists of high school students or young university entrants, which is crucial when interpreting age-related outcomes, especially in psychological and emotional variables, as the developmental stage significantly influences these factors.

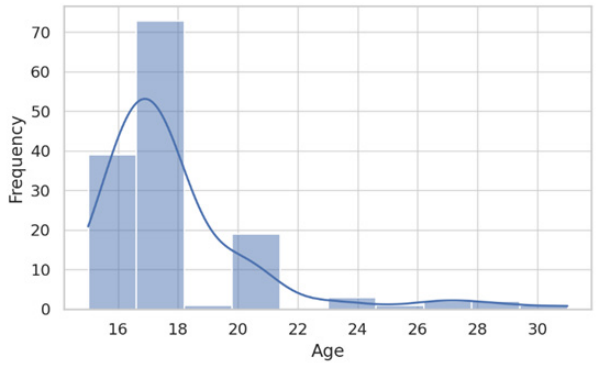

Figure 1. *Age distribution of respondents*

The overall TAS-20 score averaged 54.90 (SD = 11.78), which places the sample within the moderate alexithymia range. The variability in these scores points to individual differences in emotional processing.

The distribution of TAS-20 total scores across participants shows a roughly normal pattern with a slight right skew, indicating that while most individuals scored in the middle range, some exhibited higher levels of alexithymia. The peak of the distribution centers around a score of 22–24, consistent with typical thresholds for moderate emotional difficulty. The smooth density curve layered over the histogram further highlights the concentration of scores, suggesting that alexithymic traits are relatively common but not extreme in this group (Figure 2).

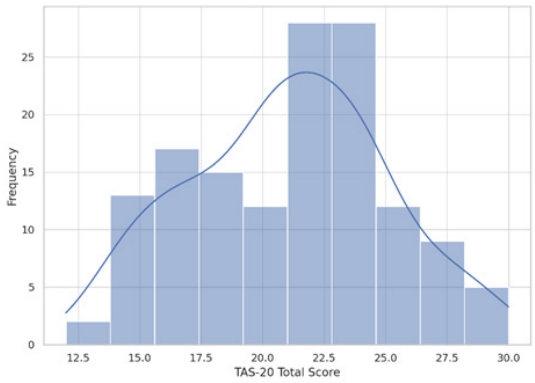

Figure 2. *Distribution of TAS-20 total scores*

Based on established clinical thresholds (TAS-20 score > 61), approximately 44% of the adolescents in this sample can be classified as alexithymic, reflecting a notably high prevalence of emotional processing difficulties.

A more detailed exploration of the subscales, as outlined in (Table 1), provides valuable insights into the emotional functioning of adolescents, allowing for further examination of potential links with coping behaviors, psychological outcomes, and gender differences.

The mean score for Difficulty Identifying Feelings was 33.6 (SD = 4.22), indicating that a moderate number of adolescents have difficulty recognizing their emotional states. This suggests some level of emotional self-awareness challenges, which are common during adolescence. For Difficulty Describing Feelings, the average score was 12.44 (SD = 2.25), reflecting moderate struggles in expressing emotions verbally, a trend

often observed during the emotional maturation process. The Externally-Oriented Thinking subscale yielded a mean score of 24.52 (SD = 2.8), showing that adolescents in this sample tend to focus more on external events rather than internal emotional experiences. This may reflect a preference for action-based coping during adolescence rather than emotional reflection.

The relationship between age and TAS-20 scores (Figure 3) shows a slight negative correlation, suggesting that as age increases, alexithymia scores tend to decrease modestly. However, the considerable spread of data points across all ages indicates substantial individual variability, highlighting that age alone does not fully account for differences in emotional processing.

The marginal histograms within confirm previous observations: the majority of participants are in their late teens, and most TAS-20 scores are clustered in the mid-range. This joint distribution suggests that while age might have a minor influence on emotional development, other factors are likely contributing significantly as well.

Table 1. *Descriptive statistics of TAS-20 subscale scores among adolescent participants (N = 141)*

Subscale	Mean	Range	Standard Deviation
DIF (Difficulty Identifying Feelings)	33.6	22–51	4.22
DDF (Difficulty Describing Feelings)	12.44	5–19	2.25
EOT (Externally-Oriented Thinking)	24.52	17–33	2.8

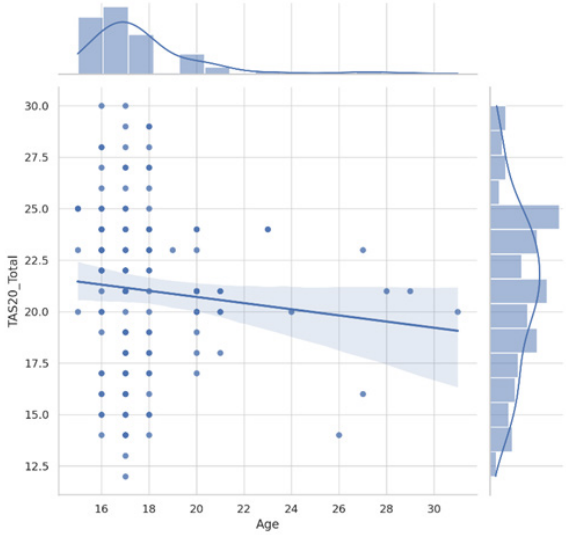

Figure 3. *Joint distribution of age and TAS-20 score*

The correlation heatmap of emotional items reveals how different emotional difficulties measured by the TAS-20 relate to one another. Moderate positive correlations are observed among items reflecting confusion about emotions, difficulty finding words, and uncertainty about feelings. For instance, there is a correlation of 0.41 between "confused about emotions" and "difficult to find words." Notably, the item "Able to describe feelings" is reverse-scored and shows negative correlations with the rest, indicating that individuals who perceive themselves as better at describing emotions tend to report fewer emotional difficulties overall. These patterns align with the theoretical structure of alexithymia, supporting the internal coherence of the emotional subcomponents assessed (Figure 4).

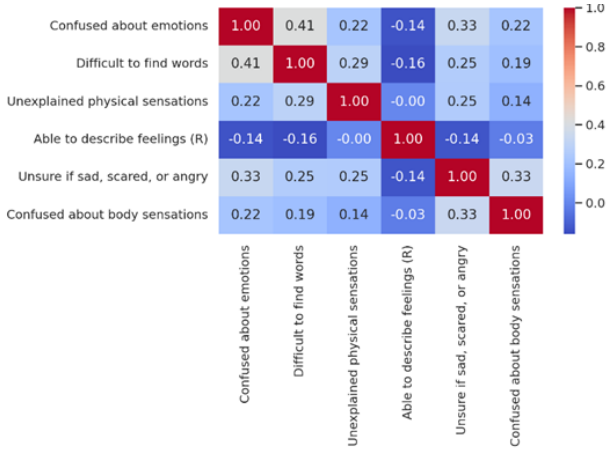

Figure 4. *Correlation heatmap of emotional items*

The relationships among various coping behaviors reported by participants are depicted in a correlation heatmap (Figure 5), where darker shades closer to yellow indicate stronger positive correlations. Although no extremely strong patterns emerge, some moderate associations are evident. For instance, individuals who frequently talk to friends about their problems are also more likely to seek support from family members or find comfort through prayer. By contrast, avoidant strategies, such as playing video games or eating food, show weaker connections with emotional expression behaviors.

Overall, the heatmap highlights that problem-focused and emotion-focused coping styles tend to cluster together, suggesting that adolescents often combine these strategies when responding to stress.

The boxplot (Figure 6) illustrates how frequently participants use various coping strategies, rated on a scale from 1 (rarely) to 5 (very often). Median responses are notably high for strategies such as listening to music, crying, and sleeping, indicating that these are commonly used methods of coping. Coping strategies, however, like talking to one's father or making decisions independently show greater variability and slightly lower medians, reflecting more diverse usage patterns.

The consistent height of the boxes across strategies indicates that coping behaviors are highly individualized, even among adolescents with similar emotional profiles. These results emphasize the importance of personalized approaches when designing emotional support programs.

The results of a linear regression model examining the predictive value of various coping behaviors and demographic variables on alexithymia scores are presented in Figure 7. Positive bars (in blue) indicate that the variable is associated with higher alexithymia, while negative bars (in red) suggest a protective or reducing effect.

Notably, coping strategies such as crying and talking to friends about feelings are linked to higher alexithymia scores, which may reflect a tendency among more emotionally distressed individuals to rely on expressive coping methods. Behaviors like exercise, prayer, and sleep show a subtle negative influence on alexithymia, though the overlapping confidence intervals with zero indicate that these effects are weaker or statistically non-significant.

Overall, the figure highlights that while no single coping strategy can independently predict emotional difficulty, some patterns may guide targeted interventions.

The boxplot (Figure 8) compares alexithymia scores across three coping clusters. Interestingly, cluster 2, which shows the lowest engagement with coping strategies, also presents the lowest median alexithymia scores. Conversely, cluster 1, characterized by moderate usage of diverse coping behaviors, exhibits slightly higher emotional difficulties.

While the differences between the clusters are not extreme, these findings suggest a potentially counterintuitive idea: more frequent coping attempts do not necessarily lead to better emotional clarity and might, in some cases, reflect underlying emotional struggles rather than resolution. These patterns highlight the importance of examining the quality and motivation behind coping strategies, rather than focusing solely on their frequency.

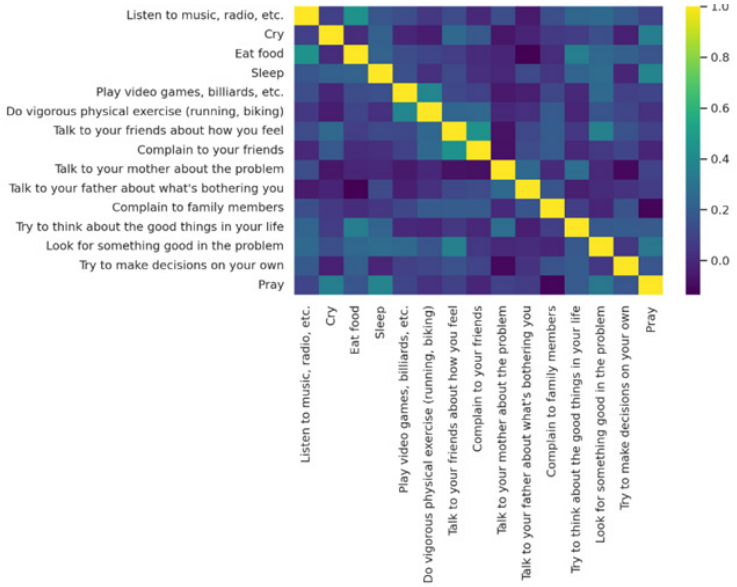

Figure 5. *Correlation heatmap of coping strategies*

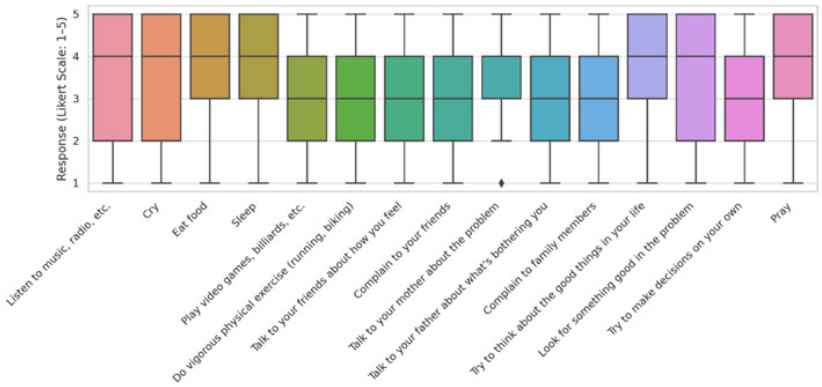

Figure 6. *Boxplot of coping strategy responses*

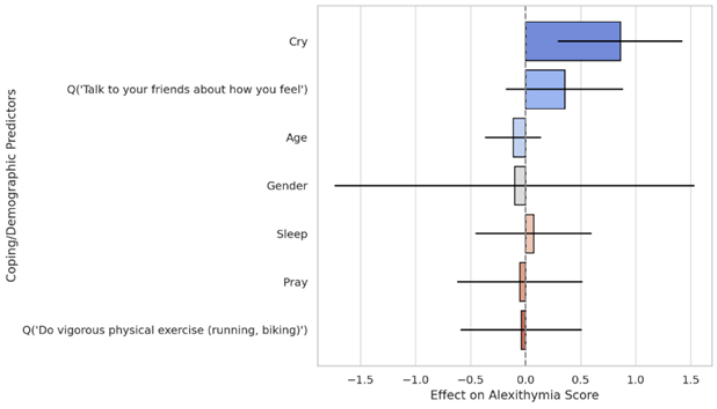

Figure 7. *Regression coefficients of predictors on alexithymia*

The scatterplot (Figure 9) compares actual TAS-20 scores (x-axis) to those predicted by a regression model (y-axis), with color-coded points representing gender (red = male, blue = female). The dashed diagonal line indicates perfect prediction (i.e., predicted = actual).

Most points fall below the line, suggesting that the model tends to underestimate higher levels of alexithymia. The clustering of points around the center indicates that the model performs reasonably well for mid-range scores but struggles to accurately predict extreme values. Gender distribution appears balanced, with no visible bias in predictions between male and female respondents.

Overall, this figure highlights the model's moderate accuracy in predicting emotional traits and underscores the complexity of forecasting alexithymia based on limited demographic and coping data.

The stacked bar chart provides a detailed overview of participant responses to selected items from the Toronto Alexithymia Scale (TAS-20), specifically those assessing emotional awareness and expression. Notably, a substantial proportion of adolescents either "Agree" or "Strongly Agree" with statements such as "I have feelings that I can't quite identify" and "I am often confused about what emotion I am feeling", reflecting a consistent pattern of emotional confusion and limited introspective access. This response trend is indicative of elevated alexithymic traits, particularly in the domains of difficulty identifying feelings (DIF) and difficulty describing feelings (DDF).

Conversely, responses to other items show greater heterogeneity. For example, while some participants expressed uncertainty or neutrality regarding their emotional states, others demonstrated a more confident grasp. This suggests that while emotional identification challenges are common in the sample, the degree of impairment varies across individuals.

These findings, visualized in Figure 10, align with the broader literature on adolescent emotional development, which recognizes this age group as particularly vulnerable to difficulties in emotion processing. The visual stratification of answers helps underline the variability in self-perceived emotional competence, reinforcing the value of TAS-20 as a multidimensional tool for assessing alexithymia in youth populations.

The correlation matrix (Figure 11) illustrates the relationships between various COPE-A subscales, using Pearson correlation coefficients to indicate the strength and direction of the linear relationships. Stronger positive correlations are shown in darker red, while weaker or near-zero correlations are in lighter shades.

Key patterns include strong positive correlations between related coping strategies, such as emotional support and acceptance (r = 0.41), and instrumental support and emotional support (r = 0.37). Planning also shows moderate correlations with active coping (r = 0.43) and suppression of competing activities (r = 0.38), reflecting a goal-directed coping style. Some coping strategies, like venting emotions, show weak correlations with others, such as positive reinterpretation (r = 0.11) and substance use (r = –0.03), suggesting distinct coping styles.

Overall, the matrix highlights clusters of related coping behaviors and emphasizes that adolescent coping is multidimensional and context-dependent.

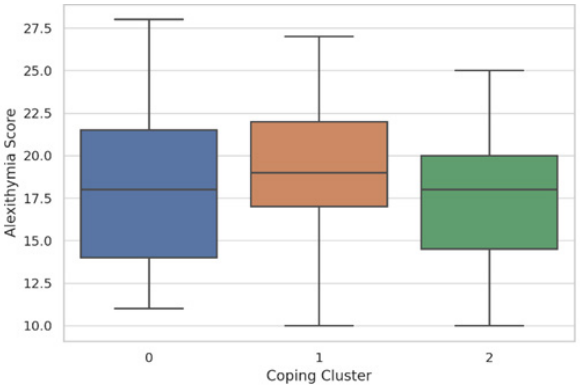

Figure 8. *Alexithymia scores across coping clusters*

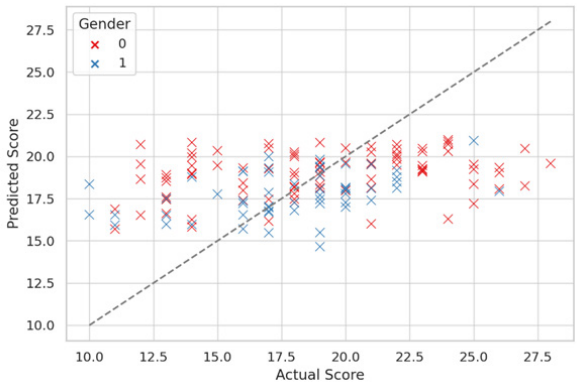

Figure 9. *Actual vs. predicted TAS-20 scores by gender*

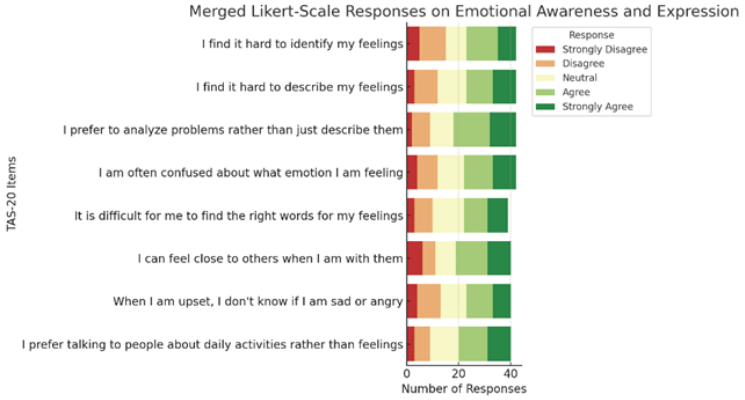

Figure 10. *Distribution of responses to TAS-20 items on emotional awareness and expression*

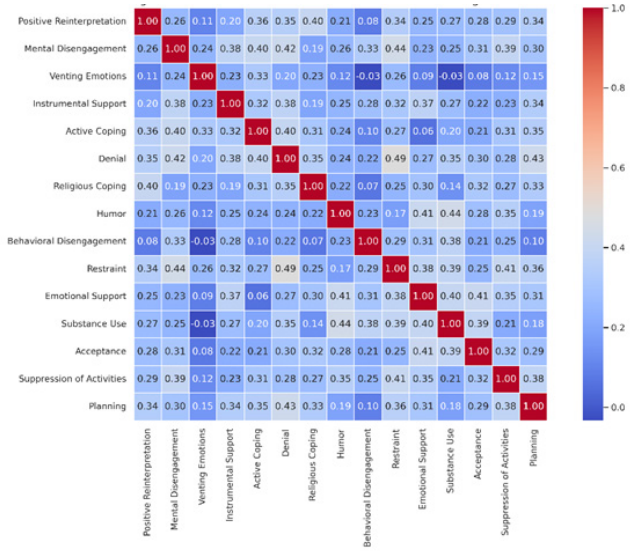

Figure 11. *Pearson correlation matrix of COPE-A subscale scores among adolescents*

DISCUSSION

As mentioned before, music has been used to redAlexithymia is a clinically significant personality construct characterized by difficulty in identifying and describing feelings, impaired imaginative processes, and externally oriented cognitive thinking. Since its introduction in the 1970s, research has progressively framed alexithymia as a neurodevelopmental and affective dysregulation trait rather than a transient emotional state. Contemporary models emphasize alexithymia deficits in symbolic-affective integration and interhemispheric transfer, highlighting its neurobiological foundation [9]. A recent paradigm shift has been proposed toward processual affective science, focusing on dissecting alexithymia at the facet level and distinguishing it from emotion hyperresponsivity [10].

The role of alexithymia in child and adolescent populations has drawn considerable attention due to its associations with internalizing disorders. One study found that depressive symptoms mediate the link between alexithymia and somatic complaints in children aged 8–14, suggesting a key transdiagnostic vulnerability [11]. Affective recognition deficits have been shown to underlie alexithymic traits, with research demonstrating that individuals high in alexithymia struggle to identify emotional expressions both in themselves and others [12]. This supports the notion that limited emotional awareness in adolescence may reflect broader disruptions in emotion recognition processing. A recent meta-analysis confirmed that

alexithymia is significantly associated with a wide range of mental health difficulties, including depression and anxiety across adolescent and adult populations [13]. This reinforces the need to target emotional processing traits in youth to mitigate downstream psychological vulnerabilities.

A breadth of empirical work highlights the association between alexithymia and psychosomatic diseases. Elevated rates of alexithymia have been documented in patients with essential hypertension, inflammatory bowel disease, and functional gastrointestinal disorders, suggesting that poor emotional processing contributes to somatic dysregulation [9]. A meta-analytic review found that alexithymia is prevalent in eating disorders and correlates with interoceptive dysfunction and affective instability [14]. Additionally, alexithymia and dissociation have been identified as core vulnerabilities in borderline personality disorder, where deficits in emotion processing and self-regulation are profound [15].

High levels of alexithymia have been associated with increased stress, maladaptive personality profiles, and reduced well-being. University students, especially in medical faculties, have shown elevated levels of type A and type C personality traits alongside high alexithymia and stress reactivity, suggesting academic context as a potentiating factor [16]. Another study demonstrated that alexithymia independently predicted lower happiness and psychological well-being, although this effect diminished when humor style and emotional coping strategies were considered [17].

The interplay between trauma, emotion regulation, and alexithymia has been further supported by findings that alexithymia mediates the relationship between early adverse experiences and externalizing behaviors such as aggression and compulsive coping strategies [18]. These findings emphasize alexithymia's role as a transdiagnostic factor in adolescent behavioral dysregulation. In clinical populations such as individuals with schizophrenia, alexithymia has been found to correlate with poor social functioning and limited emotional responsivity, suggesting a shared neurocognitive profile that includes difficulty accessing emotional information [19]. These findings may have implications for subclinical traits in the general adolescent population.

Research suggests that alexithymia is a stable trait across time and is predictive of negative long-term outcomes. One longitudinal study showed that alexithymia scores remain consistent over months, contrasting with the variability of mood-related symptoms [20]. In a prospective study, alexithymia was found to be an independent predictor of mortality in middle-aged men, even after adjusting for cardiovascular and lifestyle factors [21].

Encouragingly, several interventions have shown promise in reducing alexithymia. A body-based mindfulness program significantly decreased alexithymia and distress symptoms in adult participants, supporting the role of somatic awareness techniques in clinical intervention [22]. Group psychotherapy, incorporating emotional expression, nonverbal communication, and dream analysis, has also been shown to reduce alexithymia and improve cardiac outcomes [23]. Furthermore, the developmental course of alexithymia appears to be influenced by emotion regulation and attachment-related factors in adolescence, highlighting key targets for early intervention [24].

In a comparative study using the Toronto Alexithymia Scale (TAS-20), cancer patients and individuals with chronic illnesses such as rheumatoid arthritis, myocardial infarction, and epilepsy exhibited significantly higher levels of alexithymia compared to healthy controls. The most pronounced differences were observed in the domains of difficulty identifying feelings and externally oriented thinking, suggesting a cognitive-emotional profile marked by limited emotional insight and a concrete, somatically focused cognitive style. Notably, mothers of asthmatic children showed elevations in the dimension related to difficulty describing feelings. [25].

In a study involving 106 cancer patients and 189 healthy controls, significantly higher levels of alexithymia were observed among cancer patients ($p < 0.01$). The most pronounced elevations were noted in Factor 1 (difficulty identifying feelings) and Factor 3 (externally-oriented thinking), suggesting that concrete cognitive style and impaired ability to differentiate emotions from somatic sensations are key features of the alexithymia profile in this population. These findings support the hypothesis that alexithymia may be associated with cancer either as part of its psychosomatic etiology or as a contributing factor in disease development [26].

This study has several limitations. First, its cross-sectional nature precludes causal inference. Second, the use of self-report instruments intro-

duces the potential for social desirability bias. Third, the sample was limited to a single urban area, which may reduce the generalizability of the findings to broader adolescent populations in North Macedonia or other regions.

Future studies should incorporate longitudinal or mixed-methods designs to examine causal pathways and enrich the contextual understanding of coping behavior dynamics. Additionally, although regression analyses were performed, the exploratory nature of this design limits the ability to confirm directional or causal relationships between coping variables and alexithymia.

CONCLUSION

This study confirmed a significant association between alexithymia and maladaptive coping strategies among adolescents in Skopje. Students with higher alexithymia levels were more likely to engage in self-blame, rumination, and catastrophizing, while showing reduced use of adaptive strategies such as acceptance and positive reappraisal. Additionally, they reported lower perceived social support, particularly from peers. These findings highlight the need for early detection and intervention focused on emotional skill development and peer-based support, which may help reduce psychological vulnerability and improve mental health outcomes in this age group. These findings may inform school psychologists and public health stakeholders in designing preventive interventions for emotionally at-risk youth. Future research should explore longitudinal patterns and evaluate the effectiveness of school-based emotion regulation interventions tailored to alexithymic youth. Integrating coping strategy assessments with alexithymia screening in school settings could provide an early-warning system for emotional distress and maladaptation among youth.

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Резиме

КОГА ЗБОРОВИТЕ ПОТФРЛУВААТ: ИСТРАЖУВАЊЕ НА АЛЕКСИТИМИЈАТА И НА СТРАТЕГИИТЕ ЗА СПРАВУВАЊЕ СО АДОЛЕСЦЕНТСКОТО МЕНТАЛНО ЗДРАВЈЕ

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Вовед: Алекситмијата, дефинирана како тешкотии во идентификувањето и во вербализирањето на емоциите, се појави како значаен фактор што влијае врз емоционалната регулација и однесувањето за справување кај младите. Адолесцентите со високо ниво на алекситимија може да бидат изложени на поголем ризик од психолошки стрес поради неадаптивни механизми за справување и намален ангажман во социјалната поддршка.

Материјал и методи: Оваа пресек-студија беше спроведена кај 141 средношколец на возраст од 15 до 18 години во Скопје, Северна Македонија. Учесниците пополнија валидирани инструменти, вклучувајќи ја скалата за алекситимија Торонто (TAS-20) и Ориентацијата за справување со проблеми на адолесцентите (COPE-A). Статистичките анализи вклучуваа дескриптивна статистика, Пирсонови корелации, за да се испитаат врските меѓу алекситимијата и стратегиите за справување.

Резултати: Просечниот резултат на TAS-20 сугерираше висока преваленција на алекситимиските особини на примерокот. Приближно 44 % од адолесцентите во примерокот покажаа резултати над клиничкиот праг за алекситимија (TAS-20 > 61), истакнувајќи ја преваленцијата на тешкотии во емоционалната обработка кај оваа популација. Беа пронајдени значајни корелации меѓу повисоката алекситимија и неадаптивните стратегии за регулирање на емоциите, како што се самообвинување, размислување и катастрофализирање. Спротивно на тоа, позитивните стратегии за справување, како што се позитивната преоцена и прифаќањето, беа негативно корелирани со нивоата на алекситимија. Учесниците со висока алекситимија пријавија поголема тенденција да се вклучат во неадаптивни однесувања за справување.

Дискусија: Наодите ја нагласуваат алекситимијата како особина поврзана со дисрегулација на емоциите и намалена флексибилност за справување кај адолесцентите. Резултатите ја истакнуваат интеракцијата меѓу слабата емоционална свест и тенденцијата за усвојување дисфункционални когнитивни одговори на стрес, што може да ја влоши ранливоста кон психолошките проблеми.

Заклучок: Раното идентификување на алекситимските особини и промоцијата на емоционалната писменост и адаптивното справување во адолесценцијата се од клучно значење. Превентивните училишни програми фокусирани на развој на емоционалните вештини и поддршка од врсниците можат да го ублажат влијанието на алекситимијата и да ги подобрат резултатите за менталното здравје на младите.

Клучни зборови: адолесценти, алекситимија, стратегии за справување, средношколци, ментално здравје, скала за алекситимија Торонто, ориентација за справување на адолесценти со проблематични искуства