

**ALEXITHYMIA, LONELINESS, AND SUICIDAL IDEATION  
AMONG ADOLESCENTS LIVING WITH HUMAN  
IMMUNODEFICIENCY VIRUS IN IMO STATE, NIGERIA**

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**ABSTRACT:** The study investigated the predictive role of the facets of alexithymia and loneliness on suicidal ideation among adolescents living with HIV in Imo State, Nigeria. Data were collected using a cross-sectional design from a sample of 328 HIV-positive participants (172(52.4%) females and 156(47.6%) males). While the hospitals used for the study were randomly selected, the participants were recruited using convenience sampling technique. The participants' ages ranged from 13 to 19 years, with a mean age of 15.97 years. Participants completed self-reported measures such as the Toronto Alexithymia Scale (TAS-20) by Bagby, Parker, and Taylor (1994); the Revised UCLA Loneliness Scale (Version 3) developed by Russell et al. (1980) and the Suicide Ideation Scale (SIS) by Rudd (1987). Four hypotheses were postulated and tested. Hierarchical multiple regression results showed that all the facets of alexithymia (difficulty identifying feelings,  $\beta=.15$ ,  $t= 2.844$ ,  $p< .05$ ; difficulty describing feelings,  $\beta=.24$ ,  $t= 4.524$ ,  $p< .01$ ; and external oriented thinking,  $\beta=.63$ ,  $t= 12.795$ ,  $p< .01$ ) and loneliness positively predicted suicidal ideation among adolescents living with HIV in Imo state, Nigeria ( $\beta = .24$ ,  $t= 5.275$ ,  $p<.01$ ). It is thus recommended that clinicians develop strategies aimed at improving emotional awareness and communication skills which can empower individuals to navigate and express their feelings while also creating a supportive environment for them to thrive.

**Keywords:** Alexithymia, Loneliness, Suicidal Ideation, Adolescents, Human Immunodeficiency Virus

## **INTRODUCTION**

Human immunodeficiency virus (HIV) is a virus that attacks the immune system and weakens a person's ability to fight infections. Okerentugba (2017) views HIV/AIDS as a major public health problem. Although HIV has established itself in every age group over the past three decades, there is increasing concern about the growing disproportionate share of adolescent and young people living with HIV/AIDS worldwide (Mbachi, 2017). In Nigeria, adolescents are individuals between 10 and 19 years of age. This age group is marked by rapid physical growth and development, as well as sexual maturation. It involves a period which is known as the need to try out new things, such as sex, experiment with drugs, and other high-risk behaviour tendencies. As a result of their

engagement in this high-risk behaviour, there has been an upsurge in the prevalence of HIV/AIDS and other sexually transmitted diseases in adolescents.

Advances in antiretroviral for HIV infection have given rise to new hope for the long-term survival of people living with HIV and their quality of life has improved to a long-term stability but despite these improvement in intervention adolescents living with HIV face various difficulties in their environment such as discrimination, stigma, depression, social isolation which in combination with other factors may lead these adolescents to develop negative coping mechanisms as a tool for survival which subsequently lead to manifestation of certain psychological dysfunction as such as alexithymia, loneliness and suicidal thoughts in these adolescents.

Suicide remains a grossly under-reported and under-documented phenomenon in the developing world, especially in Nigeria (WHO, 2014; Alabi et al., 2014), despite its feared possible high prevalence. According to Adeyemo, Olorunkoya, Okeke, Babalola and Abojei (2019), adolescents with human immunodeficiency virus (HIV)/acquired immune deficiency syndrome (AIDS) have been reported to have a higher prevalence of suicidal behaviour compared to those who were HIV negative. Suicidal ideation is a comorbidity in adolescents with HIV and is important because it has been shown to be a good predictor of both attempted and completed suicide in this group of people (Adeyemo et al., 2019). Suicidal ideation refers to thoughts of engaging oneself in acts or behaviours intended to end one's life, including wishes to kill oneself and may lead to making plans of when, where and how to carry out the act (Nock, Joiner, Gordon, Lloyd-Richardson & Prinstein, 2006). In their study, Schlebusch and Govender (2015) found that adolescents living with HIV/AIDS (ALWHA) have increased risk of suicidal ideation compared to the unaffected population, this is suspected to be so due to the psychological distress they endure as a result of biological effect of HIV on the brain or/and the stress of living with a chronic illness that may impair personality development and function. The prevalence of suicidal ideation among adolescents living with HIV/AIDS in developed countries ranges from 9% to 29% (Gamassa et al., 2023), while in Sub-Saharan Africa (SSA ) Wonde, Mulat, Birhanu, Biru, Kasew, and Shumet (2019) reported that the prevalence rate ranges from 18% to 33%. A study by Abebe et al. (2019) established that HIV positive adolescents with low and moderate social support are twice as likely to develop depressive symptoms, which may foster suicidal ideations, compared to those with strong social support. Family and peer-led intervention enhances support among adolescents living with HIV and thus may be useful in the prevention and management of depression and ofcourse may discourage suicidality/ suicidal thoughts (Willis, Mavhu, Wogrin, Mustsnize & Kagee, 2018). Due to the negative effects of HIV related stigma, PLWHV are at high risk of suffering from mental health disorders such as depression and anxiety (Kinyada et al., 2012). These mental disorders may be capable of pushing one to entertain suicidal thoughts.

One factor suspected to have an overwhelming influence on suicidal ideation is that of one's inability to identify and describe feelings, which others call alexithymia. Alexithymia refers to the characteristic difficulty adolescents with HIV find in identifying feelings, describing feelings, externally oriented thinking, and a limited imaginal capacity, which may be a result of discrimination and stigma encountered in their interactions within their social environment. These characteristics' difficulty reflects deficits in the cognitive processing and regulation of emotions and may be developed as a coping mechanism to stress, which may contribute to the onset or

maintenance of several medical and psychiatric disorders. Adolescents living with HIV often develop depression as a result of changes in health-related quality of life, and also subsequently alexithymia. Alexithymia is related to depression severity, and patients with depression exhibit a high rate of alexithymia, thus representing a major public health concern. It is regarded as a stable personality trait and emerged as a paradigm linking emotion with health. As a multi-dimensional personality trait, alexithymia involves difficulty identifying feelings (DIF), which represents reduced awareness of different affect states; difficulty describing feelings (DDF), which involves the verbal capacity necessary for emotional social interaction through language, and an externally oriented thinking style thinking (EOT), which refers to the reflective processing of emotional states (Taylor & Bagby, 2020). Poor fantasy life is debated as another facet. Several factors have been described to explain the biological causes of alexithymia, ranging from abnormal hypothalamic pituitary-adrenal axis working associated with chronic stress to a lack of interoceptive and emotional awareness, which may hinder proper emotion regulation and lead to an individual delving into a particular behaviour (for example suicide) as a coping strategy to relieve distress (Brewer, Cook & Bird 2016). Alexithymia is of two types: primary and secondary. Primary alexithymia refers to a personality disorder, while secondary alexithymia emerges as a reaction to severe and prolonged stress, as in the case of a medical illness or condition such as HIV. Alexithymia may present difficulty for adolescents living with HIV, presenting unique challenges to their psychological well-being. These young individuals often struggle with the complexities of managing their illness, and alexithymia adds an additional layer of complexity (Gurupriya, 2017). Adolescence is known as a critical stage for emotional development, self-identity, and social interactions. Alexithymia may hinder these processes, as these adolescents may struggle to articulate their feelings regarding their HIV status and the associated stigma. This difficulty in emotional expression can impede effective communication with peers, family, and healthcare providers, potentially leading to increased feelings of isolation and thoughts of ending one's life (Gurupriya, 2017).

Alexithymia has recently been examined within the context of chronic immune suppression; its prevalence is estimated to be 3–5 times higher, i.e., 25–40% in HIV-infected individuals (McIntosh et al., 2016). Though the concept has been widely studied among adults, alexithymia in adolescents has been scarcely investigated, even when it is assumed to be present in adolescents. As a result of difficulty in expression and articulation of emotion faced by adolescents living with HIV, they are isolated and alienated in society, and this may lead to the development of such feelings of worthlessness, depression, etc. These ill feelings, in turn, may lead to the extreme thought of ending one's life abruptly.

Taylor et al. (1997) claim that the presence of alexithymia as a risk factor for SUDs and suicidal ideation can be explained by considering essential construct components (such as immature self-awareness and poor emotional cognitive regulation). Other risk factors, including drug expectations, negative affectivity, insecure attachment, executive function, and personality disorders, may also play a role. (De Carli, et al., 2016). Alexithymic people may experience unpredictable and uncontrollable emotions as a result of cognitive difficulties in recognizing and processing sensations, and they may seek to treat depressive or anxiety symptoms produced by alexithymia by using drugs and or attempting suicide (Besharat et al., 2014). As a result, it could

operate as an "antidote" to alexithymia, supporting individuals in self-regulating these disruptive emotions and conveying feelings that would never be expressed without. (Teixeira, 2017).

According to previous studies, alexithymia, especially difficulty describing feelings, has a significant association with depression (Leweke, Leichsenring, Kruse, & Hermes, 2012) or with difficulty identifying feelings and externally oriented thinking (Luca, Luca, & Calandra, 2013). Patients who are addicted are commonly described as having difficulty understanding and managing their emotions in interpersonal situations; these characteristics are really frequent in alexithymic people. (Torrado, Ouakinin, Bacelar-Nicolau, 2013). These doubts are heightened by the argument over how to evaluate the concept in order to distinguish between primary and secondary alexithymia and associated consequences (Parolin, Miscioscia De Carli, Cristofalo, Gatta & Simonelli, 2018). According to scientific and clinical studies from a developmental framework, alexithymia has been connected to psychosocial and environmental factors present throughout childhood and adolescence, such as poor quality of early parental relationships (Thorberg, Young, Sullivan, & Lyvers, 2011). Compared with the vast amount of studies that have established a link between alexithymia and mental health disorders (Hogeveen & Grafman, 2021; Honkalampi, Hintikka, Tanskanen, Lehtonen, & Viinamäki, 2000; Leweke, Leichsenring, Kruse, Hermes, 2011) the number of studies that explored alexithymia among HIV victims is relatively small in Nigeria.

Another factor feared to be related to suicidal ideation is loneliness. Loneliness among ALWHIV is a poignant and complex aspect of their experience, intertwining the challenges of adolescence with the unique burdens associated with the virus. The social and emotional landscape of adolescence is already intricate, marked by identity formation, peer relationships, and a quest for belonging. For adolescents dealing with HIV, the additional layer of stigma and societal misconceptions may intensify feelings of isolation. The stigma surrounding HIV often leads to social exclusion and discrimination. Adolescents may fear disclosing their status, which can create a barrier to forming genuine connections. This secrecy, while protective in some instances, contributes to a sense of loneliness as they navigate their experiences alone, without the understanding and support of their peers. Furthermore, the fear of judgment and rejection can lead to self-imposed social isolation. Adolescents living with HIV may withdraw from social activities, distancing themselves from potential sources of support. This withdrawal, while an adaptive response to the perceived threat of stigma, may exacerbate feelings of loneliness and alienation. The stigma associated with HIV often leads to feelings of isolation and discrimination, exacerbating the already heightened emotional stressors of adolescence. The daily management of HIV, including medication adherence and navigating disclosure, adds an additional layer of difficulty (Mandalazi, Bandawe & Umar, 2014). This burden can contribute to a sense of hopelessness, making adolescents more susceptible to suicidal ideation.

Alexithymia, loneliness, and suicidal ideation form a complex web, particularly among vulnerable populations such as ALWHIV. Alexithymia, characterized by difficulties in recognizing and expressing emotions, creates a significant barrier to effective communication and emotional connection. For those grappling with the challenges of HIV, this emotional disconnect can intensify feelings of isolation and loneliness ( a pervasive emotional state marked by a perceived lack of social connection, which stems from difficulties in forming meaningful relationships). When compounded by alexithymia, the struggle to articulate and share emotions can hinder the

development of supportive social networks, causing withdrawal. This loneliness, in turn, becomes a fertile ground for suicidal ideation (the contemplation or thoughts of self-harm), which is feared to be a result of the deep emotional distress experienced by individuals with alexithymia and loneliness. This inability to express and share emotions may contribute to a sense of hopelessness, making the individual more susceptible to thoughts of escape or relief through self-harm. Given this finding, the researcher is interested in uncovering if difficulty in recognising, expressing emotions, and engagement in externally oriented thoughts experienced by adolescents, following the marked changes accompanying that stage, alongside a withdrawal lifestyle, contributes to suicidal ideation of Nigerian ALWHIV.

### **Statement of the Problem**

In Nigeria, there is a special need for a better understanding of the mental health of adolescents living with HIV, especially when other comorbidities complicate its assessment and treatment. Adolescents living with HIV face an increased burden of mental and behavioural health disorders and experience various difficulties in their social life, including stigma, discrimination, social isolation, depression, suicidal thoughts, etc, due to their HIV status. This makes them more prone to suicidal behaviour and thought (Vreeman, McCoy & Lee, 2017). Adolescents living with HIV represent a very vulnerable group in the general population, especially in Nigeria, where there is a lack of care, maltreatment, stigma, poor social support, and an inadequate health care system, which might make these adolescents living with HIV more prone to suicidal behaviour or thoughts. People who attempt suicide and survive may experience serious injuries that can have long-term effects on their health. They may also experience depression and other mental health concerns (Hamdan et al., 2020). Suicide and suicide attempts affect the health and well-being of friends, loved ones, co-workers, and the community. When people die by suicide, their surviving family and friends may experience prolonged grief, shock, anger, guilt, symptoms of depression or anxiety, and even thoughts of suicide themselves (Wagner, Hofmann & Grafiadeli, 2021).

Other psychological factors suspected to be associated with suicidal ideation are alexithymia and loneliness. Alexithymia is not only considered an obstacle to achieving mental health but also affects the outcomes of psychological intervention. University students are the population that is most susceptible to alexithymia; hence, the present study considered the use of adolescents. However, studies focusing on alexithymia, loneliness, and mental health problems such as suicidal ideation in students are insufficient. Furthermore, other studies related to the relation with mental health problems and alexithymia (DIF, DDF, and EOT) showed inconsistent results. Some studies have reported that difficulty identifying feelings has a strong relation with psychological state. On the other hand, difficulty describing feelings and externally oriented thinking have little effect on psychopathology (Conrad et al., 2009). These previous studies imply that alexithymia may potentially contribute to mental health problems like suicidal ideation. The recent study, thus, is intended to add to a growing body of literature as well as expose the multidimensional nature of alexithymia, loneliness, and suicidal ideation to researchers across different nations. The desire to contribute to the growing body of knowledge was fueled by the limited data on each specific facet of alexithymia, or the extent to which deficits in processing negative emotions, positive emotions, or both are significant. In this study, the researcher addressed these gaps by using the Toronto Alexithymia Scale (TAS-20) to comprehensively examine the relationships between facets of



alexithymia and loneliness and suicidal ideation among ALWHIV, as alexithymia is regarded as an important risk factor for emotional disorders. Therefore, this study inquires whether different facets of alexithymia and loneliness linked to exposure to threatening situations (like HIV) can predict suicidal ideation.

### **Hypotheses**

The following hypotheses were tested in this study;

1. Difficulty identifying feelings will significantly predict suicidal ideation among adolescents living with HIV
2. Difficulty describing feelings will significantly predict suicidal ideation among adolescents living with HIV
3. External-oriented thinking will significantly predict suicidal ideation among adolescents living with HIV
4. Loneliness will significantly predict suicidal ideation (SI) among adolescents living with HIV

### **METHODS**

#### **Participants**

The participant used in this study comprises three hundred and twenty-eight (328) HIV-positive participants who were selected using a convenience sampling technique from two confirmed HIV out-patients clinics; Imo State Specialist Hospital, Umuguma, Owerri, and St Damian Hospital, Okporo, were randomly selected. Participants comprised one hundred and seventy-two females (52.4%) and one hundred and fifty-six males (47.6%). Their ages ranged from 13 to 19 years, with a mean age of 15.93 and a SD of 1.446.

#### **Inclusion Criteria Include**

1. Participants must be adolescents diagnosed with HIV
2. Only participants who had suffered from the virus for a period of 2 years or longer.
3. Participants must be willing to provide consent.
4. Ability to understand English

#### **Exclusion Criteria Include**

1. Patients with mental health conditions that could impair participation
2. Those critically ill or undergoing emergency medical treatment were not employed for this study

#### **Ethical Consideration**

The following ethical guidelines were considered during the study:

1. Participants who are willing and have signed the informed consent forms (Appendix A)
2. Participants were assured that their information was anonymous and kept confidential.
3. Participants were allowed to discontinue if they so wished.
4. No element of deception was used to obtain information.

### **Instruments**

Three instruments were used in this study for data collection: Toronto Alexithymia Scale (TAS-20), Revised UCLA Loneliness Scale (Version 3), and the Suicide Ideation Scale (SIS)

Toronto Alexithymia Scale (TAS-20): The scale was revalidated in Nigeria by the researcher using 76 adolescents living with HIV in Orlu and Owerri, currently accessing medications. Their age ranges between 13 and 19 years. The instrument yielded an excellent internal consistency score (Cronbach's alpha) of .92. The three subscales, DIF, DDF, and EOT, also yielded an excellent reliability score of .79, .76, and .85, respectively.

The Revised UCLA Loneliness Scale (Version 3): The instrument was further revalidated in Nigeria by the researcher using 76 adolescents living with HIV in Orlu and Owerri, currently accessing medications. The instrument yielded a good internal consistency score (Cronbach's alpha) of .68.

The Suicidal Ideation Scale (SIS): The researcher also subjected the instrument to further revalidation using 76 adolescents living with HIV in Orlu and Owerri who are currently accessing medications. The instrument yielded an excellent internal consistency score (Cronbach's alpha) of .83.

### **Procedure**

Of the three senatorial zones in Imo State, two (Orlu and Owerri) were randomly selected for the study. A compilation of hospitals administering Anti-Retroviral Therapy (ART) for HIV victims was made, and one hospital from each of the zones was also randomly selected. Clients from the hospitals were then used for the main study. From Orlu senatorial zone, St. Damian Hospital, Okporo, and Imo State Specialist Hospital, Umuguma, from Owerri senatorial zone were randomly selected for the study. After obtaining consent, the hospital staff assisted the researcher in administering the questionnaires to the participants, respecting their right to non-disclosure as expressed by management. The researcher also ensured that the questionnaires were administered following the established APA guideline by stating them to the hospital staff and the researcher also presented an informed consent form for the participants which assured them that participation is voluntary as contained in the letter attached to the questionnaire they filled and each participant is free to withdraw at anytime or not submit opinion if he or she wishes to. After a few weeks, the researcher collected all the filled-out questionnaires. Finally, the data was arranged for analysis. Of the 350 copies of the questionnaire distributed, only 328 were correctly filled out and used for further analysis, whereas 22 copies were discarded.

### Design and statistics

This study utilized a cross-sectional survey design. Descriptive statistics, Pearson correlation, and Hierarchical Multiple Regression were used for data analysis. The data obtained from respondents were analysed using the Statistical Package for the Social Sciences (SPSS) version 23.

## RESULTS

**Table 1: Means, Standard Deviations, and Correlations among the variables**

	M	SD	1	2	3	4	5
1 Difficulty Identifying Feelings	14.29	6.73	-				
2 Difficulty Describing Feelings	14.57	5.02	.03	-			
3 External Oriented Thinking	32.79	17.19	.28**	.46**	-		
4 Loneliness	20.66	11.85	.00	.36**	.35**	-	
5 Suicidal Ideation	10.78	5.02	.16**	.25**	.65**	.41**	-

Note N= 328; \* =  $p < .05$  (two-tailed), \*\* =  $p < .01$

The results in Table 1 indicated that difficulty identifying feelings positively correlated with external oriented thinking of adolescents living with HIV in Owerri ( $r = .28, p < .01$ ). In a similar vein, difficulty identifying feelings positively and significantly correlated with suicidal ideation ( $r = .16, p < .01$ ). This implies that when the scores on difficulty identifying feelings increases, the scores on external oriented thinking increases; and when scores on difficulty identifying feelings increases, the scores on suicidal ideation increases respectively. In other words, an increased level of difficulty in identifying feelings leads to heightened ruminations or considerations about the possibility of dying by suicide. Table 1 also revealed that difficulty describing feelings positively correlated with suicidal ideation of adolescents living with HIV ( $r = .25, p < .01$ ). This implies that the more the adolescents living with HIV were unable to describe their feelings, the higher the levels of their suicidal ideation tendency. Lastly, both externally oriented thinking and loneliness positively correlated with suicidal ideation among adolescents living with HIV ( $r = .65, p < .01$ ;  $r = .41, p < .01$ ), respectively, according to Table 1. By this finding, it means that adolescents living with HIV who possess a higher interest in uncovering the causes of their lives in the external world experience increased considerations about the possibility of dying by suicide; and also those victims who experience increased level of loneliness and or sadness because they do not have friends or company, will encounter an increased level of suicidal ideation respectively.



**Table 2: Hierarchical Multiple Regression for Predictors of Mental Health**

Variable	Step 1 $\beta$	Step 2 $\beta$	T	Sig
<i>Predictors</i>				
Difficulty Identifying Feeling	.15		2.844	.005
Difficulty Describing Feeling	.24		4.524	.000
External Oriented Thinking		.63	12.795	.000
Loneliness		.24	5.275	.000
$R^2$	.083	.426**	.549**	
$\Delta R^2$	.077	.423**	.123**	
$\Delta F$	14.645	181.164	66.889	
$Df$	2.323	3,246	4,245	
Durbin Watson	1.485			

\*\* =  $p < .01$ ;  $DV = Suicidal Ideation$

The Table depicts that both Model 1 and Model 2 were statistically significant. Table 2 also shows that difficulty identifying feelings positively predicted suicidal ideation among adolescents living with HIV in Owerri. Hence, the hypothesis,  $H1$ , which states that difficulty identifying feelings will predict suicidal ideation among adolescents living with HIV in Owerri ( $\beta = .15$ ,  $t = 2.844$ ,  $p < .05$ ) was confirmed. This means that for every .15 unit rise in difficulty identifying feelings, suicidal ideation increased.

The Table further shows that difficulty describing feelings significantly predicted suicidal ideation among adolescents living with HIV in Owerri. Hence, the hypothesis,  $H2$ , which states that difficulty describing feelings will not predict suicidal ideation among adolescents living with HIV in Owerri ( $\beta = .24$ ,  $t = 4.524$ ,  $p < .01$ ) was not confirmed. This is so because difficulty describing feelings positively predicts suicidal ideation. This simply implies that for every .24 unit rise in difficulty identifying feelings, suicidal ideation increased.

It can also be deduced from Table 2 that externally oriented thinking positively and significantly predicted suicidal ideation among adolescents living with HIV in Owerri. Hence the hypothesis,  $H3$ , which states that external oriented thinking will predict suicidal ideation among adolescents living with HIV in Owerri ( $\beta = .63$ ,  $t = 12.795$ ,  $p < .01$ ) was confirmed. This means that for every .63 unit decrease in externally oriented thinking, suicidal ideation decreased and vice versa.

In addition, Table 2 portrays that loneliness is a positive predictor of suicidal ideation ( $\beta = .24$ ,  $t = 5.275$ ,  $p < .01$ ) among adolescents living with HIV in Owerri. Based on this,  $H4$  was confirmed as loneliness predicts suicidal ideation. This finding simply means that for every .24 unit increase in loneliness, suicidal ideation increased and vice versa.

## DISCUSSION

This study investigated the predictive role of the facets of alexithymia and loneliness on suicidal ideation among adolescents living with HIV. Four hypotheses were formulated and tested. The first result shows that difficulty identifying feelings (DIF) significantly and positively predicts suicide ideation among adolescents living with HIV in Imo State. The finding that difficulty identifying feelings (DDF) is a positive predictor of suicidal ideation is in line with the work of Kekkonen et al. (2023), who investigated the association between alexithymia and the utilisation of primary health care services by adolescents and young adults. The researchers reported that symptoms of depression mediate difficulties identifying feelings about health care use. By this, it implies that victims of HIV who experience difficulties identifying feelings will not consider using health care services, given that they are already depressed. This depressed mood is what fosters the quest to consider committing suicide, as experienced by those having difficulty identifying feelings. It is also interesting to note that the current finding provides credence to the works of Luminet, Nielson, and Ridout (2021), who found that high levels of difficulty identifying feelings have been linked with emotional over-responding and variations in the current mental health state. The attendant emotional over-responding might precipitate suicidal ideation among ALWHIV. Similarly, the study further supports the view that alexithymic individuals have been observed to produce superficial solutions to problems they encounter, rather than examining the root of the difficulty as postulated by Sayar, Öztürk, and Acar (2000). These superficial solutions include physical forms of expression, which can sometimes also emerge in the form of suicide, because individuals with difficulty in recognising their feelings are reported to be capable of regarding suicide as a solution and to externalise unspoken conflicts by means of attempted suicide. The findings of scholars such as Hemming, Taylor, Haddock, Shaw, and Pradt (2019) and Filiz and Colleagues (2015) were also supported by the recent study. This implies that adolescents living with HIV who have difficulty in identifying their emotions are more affected by suicidal thoughts; therefore, they are at a higher risk of committing suicide. The study contradicts the findings of Kemal, Burcin, and Ismail (2003) by showing that alexithymia is a strong predictor of suicidal ideation.

The finding from Table 2 indicates that difficulty describing feelings positively predicts suicidal ideation among adolescents living with HIV. By this report, the study opines that difficulty describing feelings significantly predicts suicidal ideation among adolescents living with HIV. This is particularly true as the recent study supports the work of Kekkonen et al. (2023), who found that symptoms of depression mediate the effects of difficulty describing feelings and health care use, thus fostering suicidal ideation amongst them, as victims are not seeking help. The finding also supports the study conducted by Luminet, Nielson, and Ridout (2021), who reported that high levels of difficulty describing feelings have been associated with negative affect, which is capable of exposing one to suicidal ideation effortlessly. This implies that ALWH who experience difficulty describing feelings may see no need to see a clinician and thus contemplate suicidal attempt as a way to escape the ill feelings. Studies have also indicated that high levels of difficulty identifying feelings and difficulty describing feelings have been associated with emotional over-responding, negative affect (Luminet, Nielson, & Ridout, 2021), and variations in the current mental health state. The findings of the study, on the other hand, support the view that since alexithymic individuals are unable to convey the problems they encounter and their feelings verbally, they turn

to physical reactions for external expression and employ a primitive method of expression in which emotions are externalized through the body like suicide (Hemming, Haddock Shaw, & Pratt, 2019).

The third hypothesis which states that externally oriented thinking (EOT) will significantly predict suicidal ideation was confirmed. This implies that externally oriented thinking positively and significantly predicts suicidal ideation of ALWH. People exhibiting externally oriented thinking possess a strong preference to attend to external objects, people, and even environmental events rather than examining their feelings. By analyzing situations and making decisions based solely on external factors, they are more prone to commit suicide as an attempt to escape negative remarks and event. But in situations where they consider and or actually report to trained professionals, they can preserve their life. The recent finding opines that ALWH who exhibit elements of externally oriented thinking are also prone to suicidal ideation. By this, the recent study failed to support the view of Kekkonen, et al., (2023) who opined that external oriented thinking style independently increases health care use by adolescents. In other words, externally oriented thinking, which connotes reflective processing of emotional states, does not positively predict suicidal ideation as reported by the current study. This could be as a result of psychological characteristics such as cultural orientation, as Africans particularly, Nigerians make conscious efforts to avoid being stigmatized. Thus, those environmental external details which are negative and unhealthy are accepted without seeking for possible aid. Another plausible explanation for this discrepancy lies in the fact that the majority of Nigerians display elements of attributional bias and have a tendency to ascribe happenings to oneself as arising from forces beyond ones control. In this case, the only way out is to contemplate or engage in actual suicide. But the recent finding supports the works of Luminet, Nielson, and Ridout, (2021) and Donges, U.S., & Suslow, (2017), who reported that high levels of externally oriented thinking, in particular, have been associated with deficits in cognitive and automatic emotional processing respectively. All these involve rapid and implicit perception and response to emotional stimuli that influence our thoughts, feeling, and behaviour, which, when negative, can facilitate suicidal attempts/ideation without wasting time.

The findings of the study, on the other hand, supports the view that since alexithymic individuals are unable to convey the problems they encounter and their feelings verbally, they turn to physical reactions for external expression and employ a primitive method of expression in which emotions are externalized through the body (Hemming, et al., 2019).

Result from Table 2 further shows that loneliness significantly predicts suicidal ideation among adolescents living with HIV. The study supports the findings of Lewis, Bellard, and Patel (2014). A plausible reason for this finding may be due to the alienated nature of these adolescents or individual due to their illness, they may have difficulty in expressing their feelings causing them to withdrawn from the society consequently may not receive adequate social support from people, reassuring them that everything is going to be okay, encouraging them and telling them that whatever they are going through is part of life and that it will pass leading to them contemplating suicide.

### **Implications of the Study**

The significance of this study is that facets of alexithymia and loneliness are predictors of Suicide ideation among adolescents living with HIV. The study implies that adolescents living with HIV have a higher chance of entertaining suicidal thoughts. The findings of this study is an indication for parents, family members, friends, significant others and the general public that it is necessary for them to adequately provide a safe and caring environment for adolescents living with HIV to lessen the psychological stress associated with such chronic illness thereby making it important for them (adolescents) to feel loved and have hope to carry on with life.

From a public health and social policy perspective, the study has important implications for the prevention of suicide in adolescents. It is important to observe that loneliness, difficulty identifying feelings, difficulty describing feelings, externalizing problems, and suicidal ideation were all related to each other either directly or indirectly. The close interconnection suggests that these variables reinforce each other in a downward spiral unless they can be buffered by protective factors or interrupted through interventions. Given our findings highlighting the pivotal role of loneliness among adolescents, intervening in loneliness at the individual, local community, and societal levels is a priority. The complexity of loneliness necessitates multidisciplinary insights to design effective interventions. Drawing on approaches derived from diverse fields, such as sports, design, the arts, and human-computer interaction, will aid in identifying targets for interventions and formulating strategies to alleviate loneliness. For example, Entourage, a novel digital intervention in the form of a smartphone application adapted from the Moderated Online Social Therapy intervention, integrates Cognitive Behavioural Therapy, Cognitive Theory for Social Anxiety, Positive Psychology, and Mindfulness to alleviate loneliness in young people.

Again, the findings of this study will be of great significance to schools and the government to focus urgent attention towards the needs of adolescents living with HIV and the provision of proper, adequate social support for them. Similarly, this study may be beneficial for school administrators, counsellors, and educators to focus on creating effective clinical interventions and rehabilitation programmes that not only promote but also support them in forming good relationships with others, thereby preventing loneliness that arises from isolation. Consequently, these findings are also of importance to individuals coping with crisis and life stressors, as they give them knowledge of how both factors (alexithymia and loneliness) affect their lives. Apart from awareness-raising education around suicide, schools need support for skills in talking to students about distressing experience, and appropriate information to be shared in universal approaches. Therefore, considering the increasing focus on risk factors to prevent suicide, the researchers believe that integrating suicide prevention plans with existing school mental health promotion approaches may be a cost-effective strategy. This involves enhancing the current psychoeducation courses and psychological services, which primarily address emotional problems in schools, by placing a greater emphasis on loneliness and externalizing problems. Comprehensive training should cover students' emotional adjustment, behavior management, conflict resolution, and interpersonal skills. For example, a comprehensive intervention can include social skills and peer support sessions to reduce loneliness, Cognitive Behavioral Therapy, mindfulness, and stress management techniques to deal with emotional and behavioral problems, and participation in extracurricular activities to foster a sense of belonging. These approaches may break the downward spiral of loneliness and externalizing problems,

enhance individual mental health and social adaptability, and ultimately reduce the risk of suicidal ideation.

Lastly, this study highlights the importance of clinical psychology in the provision of treatment and intervention for these adolescents against other comorbidities or factors that are associated with chronic illness, like loneliness and alexithymia.

### **Conclusion**

This study evaluated the predictive role of facets of alexithymia and loneliness on suicidal ideation among adolescents living with HIV in Imo State. Findings from the study demonstrated that adolescents living with HIV who experience difficulty identifying feelings, expressing emotions, and who engage in externally oriented thinking have higher suicidal thoughts, as the lonelier they are, the more these thoughts manifest amongst them. Thus, calling for programs for the maintenance of functional skills, such programs should be geared not only towards promoting physical health but also should offer opportunities for socialization.

### **Recommendations**

1. The interconnectedness of these factors highlights the importance of addressing emotional awareness and communication skills in mental health interventions. Targeted strategies aimed at improving emotional literacy can empower individuals to navigate and express their feelings, potentially reducing the sense of loneliness. Simultaneously, fostering a supportive social environment that understands and accommodates the challenges associated with alexithymia can act as a protective factor against the development of suicidal ideation
2. It is crucial to note that when designing programs for the maintenance of functional skills, they can be enriched by basing them on situations of social interaction so that the benefit is maximized, not only promoting physical health but also offering opportunities for socialization. Suicidal behaviour is a complex problem that requires a combination of multiple strategies that may have additive effects on suicide prevention as well as synergistic effects. For example, participation in volunteer activities and neighbourhood walking programs was an effective strategy for promoting better physical health and decreasing loneliness.
3. Lastly, special attention should be paid to the mental health of adolescents with loneliness and emotional problems that are limiting their social interactions, as results show that loneliness and emotionally related issues exert a positive effect on future suicidal ideation. This result may be useful for the development of selective prevention programs, which should first identify specific groups that are at higher risk. In this regard, the present results support suicide-specific funding for interventions tailored at people and for more studies addressing interventions in vulnerable groups.

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