

## Self-Harm and Alexithymia among Victims of Incest

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### Abstract

Incest is regarded as one of the most serious silent phenomena to have spread within society, as it constitutes a grave indicator of social disintegration and the disruption of societal norms. It directly affects the stability, values, and security of the family, thereby intensifying victims' psychological suffering and their need for assistance and support from others. Therefore, the present study addressed the issue of self-harm and alexithymia among victims of incest. A clinical study was conducted on a case involving a victim of incest. The following tools were employed: clinical observation, a semi-structured interview, Zeinab Mahmoud Shokair's Self-Harm Scale, and the Toronto Alexithymia Scale (TAS-20). The findings indicated that adolescent victims of incest experienced elevated levels of alexithymia and engaged in self-harming behaviour following sexual assault.

**Keywords:** self-harm, alexithymia, incest, adolescence.

### Statement of the Problem

Recently, the world has witnessed a tremendous revolution in technological and informational development, which has affected all aspects of life and various fields, beginning with relationships within the family as the fundamental nucleus of any society and extending to other relationships in society. Despite the extent to which the world in general and Algerian society in particular has adapted to and kept pace with this technological revolution, there remain silent phenomena that are still regarded as taboos, despite their impact on the social and value-based fabric of the family and society.

Among these phenomena that have recently become widespread is incest. A survey conducted among adult women revealed that 16% of them had been sexually abused as children, while only 2% had reported abuse. Investigations indicate that the rate of disclosure of incest experiences ranges between 2% and 10% (Winick et al., 1992).

In Algeria, Ms Kheira Messaoudène, Head of the National Office for the Protection of Children and Juvenile Delinquency at the Police Directorate, revealed that the number of incest cases in 2005 reached 42, of which 29 involved female victims and 13 involved male minor children. During the period from 2000 to 2005, more than 113 cases of incest involving fathers' assault on their daughters, sexual relations between siblings, and one relative were recorded. Between

2005 and 2006, this phenomenon worsened, as evidenced by available figures, with 285 perpetrators arrested, including fathers, brothers, in-laws, and mothers. In 2007, in accordance with statistics provided by the Communication Unit of the National Gendarmerie Command, 12 cases of incest were recorded. Three cases of incest were also recorded for the National Gendarmerie services during the first quarter of 2008, specifically from 1 January to 28 March. In addition, 1,370 cases of sexual assault were recorded between January and August 2009 (Ibriam, 2018). According to the statistics of the Judicial Police of Algiers, the percentage of incest involving minors from 2010 to 2014 was 19.14%, 14.89%, 12.76%, 18.08%, and 35.10%, respectively (Moudoud, 2020).

In any case, these figures and statistics remain relative and do not reflect the reality that a wall of silence and secrecy has long surrounded them because of what is known in our society as 'shame' and 'scandal'. They are not merely figures or statistics; rather, they constitute a warning of the spread of the most heinous crime committed against society, indeed against humanity.

This social phenomenon has resulted in numerous psychological consequences. Surveys conducted among adult female patients in psychiatric hospitals indicate that survivors of childhood incest constitute a large percentage of both inpatients and outpatients. Coker (1990) reported that the percentage of adult female survivors who seek treatment ranges from 2% to 20% (Wingerson, 1992). Self-harming behaviour is considered among the most prominent behavioural consequences among victims, as it is common in individuals with mood disorders, anxiety disorders, and posttraumatic stress disorder and is regarded as an indicator of suicidal thoughts and behaviours. Indeed, 22.1% of adolescents experience self-harm at some point in their lives, with the peak occurring during adolescence, between the ages of 15 and 17 years (Qiaoling, 2024). It is therefore considered a serious mental health problem, and research is needed to explore the risk factors associated with adverse childhood trauma and nonsuicidal self-injury (NSSI) to identify at-risk groups early and take timely preventive measures. The *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)* indicates that more than 50% of incest survivors who are abused by a relative have posttraumatic stress disorder (Kerley, 2024). Denov (2004) also reported that experiences of sexual abuse lead to “long-term” mental health problems, such as “depression”, “drug addiction”, self-harm, and other serious behavioural and social disorders (Bewaji & Rickett, 2020).

Several studies have explained the model of self-harm and its relationship with the inability to express emotions, known as alexithymia. Self-harm is regarded as a means of regulating unwanted emotional experiences or of managing overwhelming emotions. Moseley et al. (2019) reported that the inability to express emotions was a significant predictor of the emergence of self-harming behaviour as a means of alleviating tension or stress. Moreover, Greene et al. (2020) confirmed the relationship between self-harm and the inability to express emotions, including difficulties in identifying and describing feelings, particularly among women (Norman et al., 2020).

On this basis, the following question is posed:

What are the levels of self-harming behaviour and alexithymia among females exposed to incest?

## 2. Definition of the Study Concepts

**First. Incest:** Incest refers to the establishment of a sexual relationship between individuals of both sexes who are bound by blood ties and kinship. It denotes sexual activity occurring between relatives between whom marital relations are prohibited by law and religion. This deviation has its origins in thought, namely, the Oedipus complex, and incestuous impulses are considered symptoms of neurosis and mental psychoses (Al-Issawi, 2007, p. 393).

Operationally, it is defined as the establishment of a sexual relationship between members of the same family, whether within the nuclear or extended family, such as a father and his daughter, a brother and his sister, a paternal uncle and his niece, or a maternal uncle and his niece. In the present study, incest occurred between the paternal uncle and his niece.

**Second. Self-harming behaviour:** Self-harming behaviour is a deliberate act of self-injury without suicidal intent. It involves the repeated infliction of painful superficial injuries on the surface of the body to reduce negative feelings, such as tension, anxiety, and self-blame, or to solve personal problems. Initially, self-harm is resorted to as a form of self-punishment to feel relief; with repetition, however, it becomes more urgent and compulsive, similar to addiction (Norman et al., 2020).

Operationally, it is defined as the visible physical indicators, including wounds, scars, burns, and signs of beating, on the victim of incest, in addition to the score obtained by the victim on Zeinab Mahmoud Shokair's Self-Harm Scale.

**Third. Alexithymia:** Robert Fish (1989) defines it as a condition characterised by a diminished ability to distinguish and express feelings and emotional and affective states. In individuals with alexithymia, the capacity for imagination and dreaming decreases, whereas a tendency toward operational and nonsymbolic thinking develops. Consequently, the individual becomes unable to distinguish between emotional states and bodily sensations (Al-Dawash, 2011, p. 6). Operationally, it is defined as the score obtained by the victim of incest on the Toronto Alexithymia Scale-20 (TAS-20).

## 3. Methodological Procedures

**3.1. Method Adopted:** The clinical method was adopted, as it is the appropriate method for identifying and discussing the findings through an in-depth study of cases.

**3.2. Study Tools:** The study tools consisted of the following:

**First. Clinical interview:** The clinical interview involves a "dynamic, face-to-face professional social relationship between the clinical specialist and the patient in a safe atmosphere characterised by mutual trust between the two parties". A semistructured interview was conducted with the case, namely, the victim of incest, to identify her psychological and social history, as well as the effects of sexual assault at the psychological, social, and emotional levels.

**Second. Clinical observation:** A fundamental tool for assessing a person and the degree of disturbance or motivation. It focuses on the interviewee's behaviour, such as mood, appearance, and absent-mindedness while speaking. In the present study, free observation was relied upon to identify indicators of self-harm and alexithymia among victims of incest.

**Third. Self-Harm Scale:** The present study used the Self-Harm Behaviour Scale by Zeinab Mahmoud Shokair. The scale consists of 52 items distributed across four dimensions: physical harm, moral harm, self-neglect, and self-deprivation. Responses are given on a four-point scale: never, rarely, sometimes, and always. The scores for these alternatives range from 0 to 3. Thus, the scores for each dimension range from 0 to 39, while the total score of the scale ranges from 0 to 156.

**Fourth. Toronto Alexithymia Scale-20 (TAS-20):** This scale was developed by Bagby, Taylor, Ryan, and others in 1994. It consists of 20 items distributed across three main dimensions (Fassi, 2016), as follows:

**DDF, or difficulty describing feelings,** refers to difficulty describing feelings. This dimension consists of five items: 2, 4, 7, 12, and 17.

**DIF, or difficulty identifying feelings,** refers to difficulty in recognising feelings or emotions. This dimension consists of seven items: 1, 3, 6, 9, 11, 13, and 14.

**EOT, or externally oriented thinking,** refers to thinking directed toward the external world. This dimension consists of eight items: 5, 8, 10, 15, 16, 18, 19, and 20.

#### 4. Presentation and Discussion of Results

Case (Kh), aged 16, is fatherless and was subjected to sexual abuse by her uncle at the age of 14. She displays emotions of sadness, fear, and astonishment but is unable to identify them. She appears dishevelled, with short, unkempt hair, and bears both recent and old wounds on her arms and neck (despite her attempts to conceal them).

Through psychological examination, it became evident that the case is a victim of incest who suffers from high levels of both self-harming behaviour and alexithymia as a result of sexual abuse. Physical signs of self-harm are noticeable in the form of recent and old wounds on her arms and neck (despite attempts to hide them). She also bites her nails, deliberately keeps her hair untidy, and, during interviews, revealed that she engages in physical fights with others, shows indifference toward others' opinions of her, tears her clothes, bites herself, deliberately collides with objects, pulls her hair, and hits her face. Additionally, she plays with sharp objects, verbally abuses herself, neglects personal and clothing hygiene, disregards health, and smokes.

She obtained a high score on the Self-Harm Scale (score = 114), indicating elevated levels in the following dimensions: physical harm (35), psychological harm (33), and self-neglect (29). Furthermore, she displayed a high level of alexithymia, as indicated by her score on the Alexithymia Scale (score = 64), particularly in the dimensions of difficulty in describing and identifying emotions. She does not express her emotions and often experiences bodily sensations that doctors cannot interpret, as she cannot clearly describe or comprehend her internal experiences. This reflects a restricted emotional life and an inability to recognise or articulate emotions to others. She also exhibited a suppression of positive emotions and displayed feelings of sadness and anxiety. Her responses were characterised by negativity. These findings support Olivier Luminet's assertion that the greater the degree of alexithymia is, the lower the ability to recognise pain and pleasure because of a lack of introspection. Hence, alexithymia emerges as a mental activity associated with psychosomatic organisation.

Examining variables that may help predict self-harm is critical. One key factor influencing the emergence of self-harm among adolescents is the emotional climate within the family. Studies have shown that the quality of communication and emotional bonds among family members can affect adolescents' susceptibility to self-harm (Javdan et al., 2024). In their study on incest as a form of sexual abuse, Lawson and Akay-Sullivan (2020) reported that sexual assault perpetrated by one of the child's parents leads to severe psychological trauma and intense physical and emotional symptoms. This trauma is associated with self-hatredness, feelings of worthlessness, helplessness, defilement, and decreased performance. Victims often become involuntarily or voluntarily detached from others and from themselves.

Tull (2022) reported that victims of incest often believe that abuse was their fault, which results in self-hatred and self-deprivation of health care (Kerley, 2024). Similarly, Strong, Devault, Sayad, and Yarher (2005) reported that victims of sexual abuse experience guilt and shame and hold a negative self-image. Feelings of guilt and shame stem from a sense of helplessness and lack of control over oneself. Victims feel different from others, and some experience anger toward their bodies as a result of persecution. Consequently, they may resort to drug use and alcohol consumption to punish their bodies, numb their senses, or escape the traumatic event (Rizqina & Paramastri, 2015).

This finding is consistent with the findings of a longitudinal study conducted by Fergusson, McLeod, and Howard in 2013 over a period of 30 years, which revealed that sexual abuse has adverse effects on many adults, ranging from psychological disorders and psychological functioning to sexual risk-taking, physical health, and socioeconomic well-being (Bewaji & Rickett, 2020). Mrazek and Kempe also referred to the long-term adverse effects of incest, including depression, eating disorders, anxiety states, psychosexual problems, and severe difficulties in interpersonal relationships, such as feelings of isolation, fear of intimacy, and patterns of abuse. Nelsen, Miller, and Krol Bryer reported a high rate of suicidal symptoms among survivors (Wingerson, 1992).

Childhood trauma refers to abusive and painful experiences to which children are exposed before the age of 16. Through the organisational model of psychopathology, Yates explains the relationship between child maltreatment and self-harm, suggesting that self-harm emerges as a compensatory strategy for coping with relational and regulatory difficulties when trauma or abuse disrupts normal developmental pathways. Hence, self-harm is considered a dysfunctional strategy for dealing with posttraumatic stress disorder (Qiaoling, 2024).

In his study on the relationship between physical and sexual abuse among children and certain family-related demographic variables, Khalfi (1990) reported that the age group between 11 and 16 years is the most vulnerable to incestuous rape. Sexual assault against females has profound effects on victims at the physical, social, and occupational levels and, most importantly, at the psychological level, which victims often find difficult to overcome. These effects include difficulty identifying and describing feelings; a sense of loss of love, affection, and security; feelings of fear, confusion, and anxiety; and a loss of the ability to experience pain or pleasure in relation to oneself and others. They also create isolation and an inability to establish relationships with others.

Maurice Corcos (2011) argued that, in individuals with alexithymia, the body seems separated from the head. This separation prevents processes and mechanisms from connecting and from classifying states of sadness, anger, or joy. As a result, energy remains displaced, leading to abnormal patterns of thinking distributed throughout the body. According to Germain et al., victims of incest are characterised by an isolated personality and feelings of shame, guilt, and aggression. Cross-Tower indicates that victims of sexual abuse suffer from low self-esteem, anxiety and fear, shame and guilt, irritability, depression, and difficulties in social relationships. Research has also revealed that some victims display no emotions, appearing numb or unable to feel; consequently, it becomes difficult for researchers to determine their feelings at that time. This state of freezing results from the individual's attempt to prevent herself from remembering the incident (Nor Shafrin & Rohany, 2010).

This is consistent with the findings of DiPalma's (1994) study, in which in-depth interviews were conducted with a sample of 15 adult women who were victims of incest. These victims used avoidance strategies and psychological escape mechanisms to cope with the abuse, particularly through the frequent use of fantasy as a means of escaping the pain and fear resulting from the assault. This was also confirmed by Fatima Al-Muaqqat's (2003) study, which revealed that sexual assault leads to various consequences resulting from the trauma of exposure to such abuse, particularly in the absence of means of safety and protection for the victim, whether from the perpetrator or from society.

Samira Tawaf's study on "psychological trauma among victims of incest and its effects" revealed that victims of incest display specific characteristics of psychological organisation, with some degree of variation. Most of the effects observed in the victims' psychological organisation were primarily associated with the psychosocial consequences resulting from the disclosure and revelation of incest, which negatively affected their psychosocial development. This produced a particular personality organisation characterised by the following: disturbance in identity, particularly feminine identity; difficulties in identifying with the maternal image, as this image results from the perception of the mother as having lost her protective and secure role despite her presence within the family; maladaptive investment in object relations; the ability to establish maladaptive emotional relationships; weak narcissistic personality formation; anxiety, aggression, and avoidance of conflict; the inability to distinguish between good and bad; the predominance of repression; and the emergence of neurotic personality traits (Touafek, 2019).

In her study on "diagnosing psychopathological manifestations among victims of incest through a projective test", Tawaf also reported manifestations related to the process of psychosexual development and some of its abnormal characteristics, which constituted a predisposition or facilitating background for the cases to become victims of incestuous sexual acts. These were based on a primitive narcissistic problematic within the mother-child dyadic relationship, a conflictual Oedipal problematic, and a specific personality formation with defined traits, such as depressive tendencies, anxiety, aggression, homosexual tendencies, some obsessive thoughts, and antisocial behaviours (Touafek, 2020).

Hafsi and Achouri's study on "The psychological experience of adolescent female victims of incest" highlighted the psychological suffering experienced by victims, which collectively

constitutes what is known as the psychological lived experience. This was particularly manifested in the emergence of symptoms of two distinct disorders, posttraumatic stress disorder and depressive disorder, represented by feelings of sadness, unwillingness to live, and loss of a sense of hope (Achouri & Hafsi, 2019).

### **Conclusion and Recommendations**

The present study examined the psychological effects experienced by victims of incest. Through a clinical field study conducted with two patients who had been sexually assaulted by close relatives, namely, the father and the paternal uncle, the findings revealed profound psychological effects. The most prominent of these were elevated levels of self-harm and alexithymia among victims of incest following sexual assault. These effects were reflected in indicators of physical harm, psychological harm, self-neglect, self-deprivation, and difficulty identifying and defining feelings in both cases.

In light of these findings, it is necessary to establish programs and specialised care bodies aimed at providing victims of incest and protecting them with psychological and social support by strengthening their self-confidence and facilitating their adjustment to society.

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