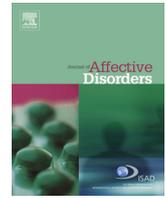




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Research report

Pathological jealousy: Romantic relationship characteristics, emotional and personality aspects, and social adjustment



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ABSTRACT

Background: The aim of this study was to identify romantic relationship characteristics, emotional and personality aspects and social adjustment in subjects with pathological jealousy (PJ) and to compare them to control group.

Methods: The participants, 32 individuals with PJ and 31 healthy volunteers completed measures of jealousy intensity, attachment type, love and relationship styles, personality, impulsivity, aggressiveness and social adjustment. Socio-demographic profiles were also obtained.

Results: Participants with PJ were significantly older than the control group, but no other important socio-demographic differences were observed. Participants with PJ were significantly more jealous and were predominately categorized with anxious-ambivalent attachment type, and Mania love style. They presented with elevated novelty seeking and harm avoidance, low self-directedness and cooperativeness, high levels of impulsivity and trait anxiety, and poor social adjustment. Multivariate analysis showed that jealousy intensity and trait anxiety were the variables that best distinguished participants with PJ from the control group.

Limitations: This study was limited by the cross-sectional design and relatively small sample size.

Conclusions: PJ presents a particular pattern of attachment, love style, and personality structure, and deserves further attention as a specific potential disorder of the romantic bonding.

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1. Introduction

Jealousy is a frequent complaint in clinical settings, and can be associated with several health problems such as suicidal behavior, substance abuse (including alcohol abuse or dependence), psychosis, and mood disorders (Ecker, 2012; Marazziti et al., 2003; Muzinic et al., 2003; Tarrrier et al., 1990). It has been designated as delusional, pathological, or morbid jealousy. Most research has focused on delusional jealousy, which is often observed in the so-called Othello's syndrome. Othello's syndrome is frequently associated with chronic

alcohol abuse and/or dementia (Graff-Radford et al., 2012). Jealousy can affect both men and women; however, some researchers state that it can affect the genders in two different ways: men are more worried by sexual infidelity and women by emotional infidelity (Harris, 2003). It may affect individuals who do not report other symptoms or have psychiatric comorbidities, and it can be devastating. In such cases, it is referred to as obsessional jealousy (the presence of obsessional, often egodystonic ideation) or simply pathological jealousy (PJ) to avoid an automatic assumption of a correlation with obsessive-compulsive disorder (OCD) (Marazziti et al., 2003). For the sake of simplicity, in this paper, the abbreviation PJ refers to overwhelming non-delusional feelings of jealousy and related phenomena demanding specific clinical attention.

Normal jealousy is a reaction to a perceived threat, specific to partner, event or rival, temporary, it exists as long as the infidelity persists or the jealousy provoking partner behavior. It may be defined as "reactive" jealousy, which is triggered by a real transgression, in particular a sexual affair impairing some critical aspect of the relationship, such as its exclusivity (Marazziti et al., 2003; Kingham and Gordon, 2004). On the other hand, pathological jealousy is a symptom best described as an unfounded suspicion of the partner's

Abbreviations: AAQ, Adult Attachment Questionnaire; BDI, Beck Depression Inventory; BIS-11, Barratt Impulsiveness Scale, version 11; BLVAS, Bond-Lader Visual Analogic Scale; BPD, borderline personality disorder; LAS, Love Attitudes Scale; OCD, obsessional compulsive disorder; PJ, pathological jealousy; QAR, Questionnaire for Affective Relationships; RAS, Relationship Assessment Scale; SAS, Social Adjustment Scale; SPQ, Shorter PROMIS Questionnaire; SAS-SR, Social Adjustment Scale Self-Report; SRQ, Self-report Questionnaire; STAI, State-Trait Anxiety Inventory; TCI, Temperament and Character Inventory

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infidelity that modifies thoughts, feelings and behaviors. Thoughts are unsupported by any reliable evidence and may cause the impairment of the person's, partner and relationship functioning. Attempts to confirm these suspicions are common and evident to others. Subjects suffering from pathological jealousy may interpret irrelevant incidents as conclusive evidence of betrayal, while refusing to change their views even when confronted with conflicting information. They repeatedly accuse their partner of infidelity, whose whereabouts, actions and objectives are constantly checked, and make repetitive efforts to confirm their suspicions as well as frequent avoidant behaviors in jealousy-provoking situations. Argumentations and accusations can result in verbal and physical violence and, in severe cases, even murder (Marazziti et al., 2003; DeSteno et al., 2006).

Jealousy is a major source of relationship dissatisfaction, manifesting as conflicts, separations, aggression, and violence, all of which are aimed at shaping the responses and limiting the autonomy of the partner (Wilson et al., 2001; Yoshimura, 2004; Fleischmann et al., 2005; Power et al., 2006). Jealous individuals tend to prefer to sacrifice quality for intensity of the bonding, putting the relationship first (Öner, 2001). According to Aune and Comstock (1997), jealousy intensity and expression increase over the course of the relationship. In their study of 48 men and 116 women at two American universities, the intensity of jealousy was found to be greater in long-term relationships because of the increased interdependence between partners over time. The relationship between jealousy and age remains unclear. Some authors, such as Bringle et al. (1979), maintain that there is no positive or negative correlation with age. In contrast, Mathes (1992) and O'Leary (1999) found that jealousy decreases with age and maturation.

1.1. Attachment, romantic love style and jealousy

Individuals have many ways to link themselves to another person. Attachment theory (Bowlby, 1969) describes three types of attachment developed in early childhood that can be predictive of future relationship styles (Sharpsteen and Kirkpatrick, 1997). *Secure* attachment is characterized by the availability of primary caregivers to help and protect the child in stressful situations in the early stages of development and leads to an adult who is capable of healthy love; it is correlated with lower intensities of jealousy, fewer feelings of anxiety and fear, and a greater sense of security, control, and self-esteem (Radecki-Bush et al., 1993). *Avoidant* attachment results from constant maternal rejection, leading to an adult who attempts to be self-sufficient, avoids intimacy as a defense for feelings of vulnerability, and requires little social support after the discovery of a rival (Radecki-Bush et al., 1993). Finally, *anxious-ambivalent* attachment occurs when the primary caregiver is available to assist in some situations but not in similar ones, thereby generating an inconsistent model; this leads to adult insecurity, separation anxiety, fears of abandonment, and difficulty establishing safe and trusting relationships. This attachment type is associated with more intense jealousy (Hazan and Shaver, 1987) and feelings of guilt (Radecki-Bush et al., 1993).

Marazziti et al. (2010) made a correlation between attachment styles and features of jealousy in a study with 100 non-clinical subjects. They found that preoccupied, fearfully avoidant and dismissing attachment styles might represent the structure of jealousy, since they are all related to obsessionality, interpersonal sensitivity, fear of loss and low self-esteem.

Another classification put forth by Lee (1998) states that jealousy and possessiveness are part of the *Mania* love style. The author proposed five other love styles (Fisher, 2004; Lee, 1998):

- *Eros*: healthy, erotic, and enjoyable love;
- *Ludus*: carefree love characterized by seductive behavior;
- *Storge*: love that arises from long friendships;
- *Agape*: selfless, zealous love;
- *Pragma*: rational, pragmatic love.

Recently, Goodboy et al. (2012) showed that both *Ludus* and *Mania* love styles could predict jealousy-evoking behaviors.

1.2. Personality and jealousy

The concept of personality encompasses traits related to behavioral constraint (or lack of restraint, i.e., impulsivity), aggressiveness, self-identity and relational style (Cloninger, 1993); therefore, personality structure may also influence the expression of jealousy. Buunk (1997) found a connection between jealousy and neuroticism, social anxiety, rigidity, and hostility in 100 Dutch male and female participants recruited through a national television announcement. Low self-esteem is often related to jealousy (Stieger et al., 2012). Tragesser and Benfield (2012) found that individuals with borderline personality disorder (BPD) tended to have more interpersonal problems and violent incidents in romantic relationships.

The aim of this study was to identify the characteristics of romantic relationships, emotional functioning, personality aspects, and social adjustment in individuals with pathological jealousy. For this purpose, several questionnaires were administered and interviews were conducted with a group of individuals with pathological jealousy and compared to those of healthy volunteers.

2. Methods

2.1. Sample

This was an exploratory cross-sectional study involving individuals who sought treatment for PJ at the Impulse Control Disorder Outpatient Clinic at the Institute of Psychiatry, São Paulo, Brazil, which is part of a public university hospital complex. Patients can be self-referred or referred from other sectors of the hospital. Media announcements on radio, newspapers, and the Internet broadcast information about PJ and treatment availability; individuals who felt that their jealousy was harmful to themselves and/or their romantic relationships were invited to contact the clinic. Candidates for treatment completed two independent assessments by a psychologist and a psychiatrist to identify PJ and rule out other psychiatric conditions as the primary clinical concern. To be classified as diagnosed with PJ, participants had to meet the following criteria: scoring above 43 on the Questionnaire of Affective Relationships (QAR), a cutoff defined by Marazziti et al. (2003); spending a lot of time thinking jealous thoughts and difficulty putting these thoughts away; checking on one's partner's belongings and behavior; and having impaired romantic relationships due to jealousy (Kingham and Gordon, 2004).

The exclusion criteria were any medical condition requiring inpatient treatment; any cognitive impairment that could compromise free informed research consent, understanding of the research objectives or scales fulfillment; a diagnosis of hypomania or mania; a history of schizophrenia, other chronic psychotic disorders, or any current psychotic symptoms (i.e., delusions or hallucinations). Although OCD did not rule out participation in the study, only those with mild to moderate OCD and jealousy-related symptoms that were independent from other obsessive thoughts were included. Psychiatric exclusion criteria were assessed using the Mini International Neuropsychiatric Interview translated and adapted into Brazilian Portuguese (Amorim, 2000).

Forty-eight individuals responded to the announcements; 16 were excluded due to: cognitive deficits that would impair their understanding of the research objectives and their ability to complete the rating scales (3), refusal to participate in the study due to scheduling conflicts (10), QAR score below 43 (1), and current psychosis (2). Therefore, the PJ group comprised 32 subjects.

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