



Alexithymia and social support in romantic relationships



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ABSTRACT

The goal of the current study was to better understand how deficits in emotional self-awareness (alexithymia) can disrupt social support in romantic relationships by extending past research in two ways. At the methodological level, we wanted to gather data from both partners of support interactions in order to examine whether the lowered levels of support reported by individuals with alexithymia are corroborated by partner reports. We also extended past research by investigating additional facets of social support: provision of support and expectations of support from romantic partners. We tested our hypotheses in a sample of 69 long-term committed relationships. Both partners completed self-report measures of alexithymia and indices of social support. Individuals with elevated scores on alexithymia reported receiving less support from their romantic partners and expected more negative forms of support from their partner. They also reported providing less support to their partner. In addition, there were a number of significant partner effects, such that partners of individuals with alexithymia reported providing and receiving less support from their partners, as compared to partners of non-alexithymics. Our pattern of results, based on self-report and partner report, suggest that alexithymic individuals have difficulty with many different aspects of everyday support exchanges.

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“Emotions, in my experience, aren't covered by single words. I don't believe in “sadness,” “joy,” or “regret.” Maybe the best proof that the language is patriarchal is that it oversimplifies feeling I've never had the right words to describe my life, and now that I've entered my story, I need them more than ever.”

[Jeffrey Eugenides, *Middlesex*]

1. Introduction

As Eugenides suggests, the human emotional experience is complex. Often the words we have available are insufficient to fully communicate our experience to others. Imagine how difficult this undertaking must be for individuals who struggle to distinguish between their basic emotional states. Not only would it be personally frustrating, but given that emotions are a key element of interpersonal interaction, this difficulty would also negatively impact engagement with the social environment (Ekman, 1973). The purpose of the present study was to examine how deficits in emotional self-awareness, referred to as alexithymia, impact support transactions in romantic relationships.

The term alexithymia was first introduced by Sifneos (1973) to describe a personality trait characterized by an inability to process and recognize one's own emotions. More specifically, alexithymia refers to

difficulty in identifying feelings and a reduced ability to distinguish them from somatic sensations; difficulty describing feelings to others; and a concrete, externally-oriented style of thinking (Taylor, Bagby, & Parker, 1997).

Investigations of alexithymia in the context of social interactions have found that alexithymia is associated with a variety of interpersonal difficulties including discomfort with closeness, interpersonal relationships not being a priority, lower levels of perceived affection, and insecure (avoidant and anxious) attachment styles (Vanheule, Desmet, Meganck, & Bogaerts, 2007; Wearden, Cook, & Vaughan-Jones, 2003). In addition, individuals with alexithymia have difficulty taking the perspective of others, and, as such, they tend to appear cold and detached during interpersonal exchanges (Grynberg, Luminet, Corneille, Grèzes, & Berthoz, 2010). Though alexithymia has overlapping characteristics with these and several other personality traits and psychological disorders, including neuroticism, introversion, and depression, it is a distinct construct. For example, Parker, Bagby, and Taylor (1989) describe that a person who is introverted is tuned into their inner experiences, while a person with alexithymia is not. Further, unlike a person with alexithymia, a person high in neuroticism would express their feelings of anxiety outwardly. Thus, alexithymia shares overlapping characteristics with similar psychological traits, but has been shown to be an independent construct.

Although emotion self-awareness is important in navigating social interactions in general, interactions involving giving and receiving support may be particularly vulnerable to deficits in this ability. When support is provided in an effective and elegant manner, it can look

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deceptively simple and effortless. Yet, there are many delicate steps in a support interaction and within each of these steps there is potential for misunderstanding and miscommunication. Social support has been conceptualized in the psychological literature in a number of ways but the majority of characterizations contend that social support involves behaviours that demonstrate care and concern for another person's needs (e.g., Pasch & Bradbury, 1998). Several researchers have suggested that support from romantic partners is particularly important to psychological well-being and relationship stability (e.g., Coyne & DeLongis, 1986).

1.1. Alexithymia and receipt of social support

Across different samples and different methods of measuring perceived support there is a consistent, well-replicated finding that individuals who self-report higher levels of alexithymia are less likely to feel supported by those in their social environment (e.g. Lumley, Ories, Stettner, Wehmer, & Lakey, 1996; Posse, Hällström, & Backenroth-Ohsako, 2002). The first goal of the present study was to replicate this finding. Based on the past research, we predicted that *self-reported alexithymia would be negatively associated with levels of self-reported received support*.

In addition to replicating past research, we wanted to extend it in a number of ways. As noted above, past research shows that, compared to non-alexithymics, alexithymic persons report receiving less support from their romantic partners. However, do their partners report providing less support, as compared to partners of non-alexithymics? Teasing this issue apart is important for theoretical and clinical reasons. If, for example, we found that individuals with alexithymia report receiving less support from their partners, as compared to non-alexithymic individuals, but partners of alexithymic individuals did not report providing less support than partners of non-alexithymic individuals, this may point to a perceptual bias on the part of individuals with alexithymia. It may be that individuals with alexithymia not only have difficulty understanding and describing their own emotional states but also have difficulty encoding the behaviours of those who provide them with support. If, on the other hand, the reports of lower received support are corroborated by the partner, this could suggest a more “relational impact” of alexithymia. That is, partners of individuals with alexithymia may be frustrated that their support is not appreciated. They may also find they have to work hard to provide the support because, in addition to helping their partner through a difficulty, they have to try to understand what their partner is experiencing. As a result, there may be support fatigue, leading to the provision of less support.

Although the existing literature points to alexithymia being associated with a perceptual deficit in processing external emotional stimuli such as the emotional expressions of others (e.g., Parker, Wood, Bond, & Shaughnessy, 2005), it has not been found to be a universal deficit (Prkachin, Casey, & Prkachin, 2009). Alexithymics have been found to have greater difficulty processing some emotions in facial expressions (e.g., anger, fear, sadness) and perform comparably to non-alexithymics in processing more positive emotions (e.g., happiness). Additionally, when they are provided with sufficient time to process the facial expressions, alexithymic individuals' performance was comparable to that of non-alexithymic individuals (Prkachin et al., 2009). Overall, these findings suggest that the perceptual issues in alexithymia might lead to slower processing of negative emotions in others; however, given that supportive behaviours typically involve more positive emotions, there is no reason to suspect that alexithymic individuals would not be able to recognize support when it is provided. As such, we tentatively predicted that alexithymics' report of receiving less support from their partners would not be reflective of a perceptual bias, but would in fact be corroborated by the partner report. Thus, we hypothesised that *self-reported alexithymia would be negatively associated with levels of partner-reported provided support*.

1.2. Alexithymia and provision of social support

In addition to examining how alexithymia relates to the receipt of support from significant others, we wanted to extend past research by examining another facet of social support: the *provision* of support to one's partner. As noted, alexithymic individuals have been found to have greater difficulty processing emotions such as anger or sadness. It is at times when people are experiencing these kinds of emotions that they would be most likely to want support from others. If alexithymic individuals have difficulty detecting, or take longer to detect, these negative emotions in their partners, they may not recognize the need to provide support. Additionally, given the difficulty alexithymic individuals experience with respect to understanding their own emotional states, they may have difficulty drawing on their own experiences and knowing how to provide appropriate support to their partners. As such, it was hypothesised that *self-reported alexithymia would be negatively associated with self-reported provided support*.

1.3. Alexithymia and expectations of social support

The final way in which we extended past work on alexithymia and social support was by examining whether alexithymia is also associated with specific, in the moment expectations for partner behaviour during an upcoming support transaction. The variables discussed thus far (i.e., perception of received support, provision of support) are best conceptualized as relating to the relationship more globally. That is, individuals report the degree to which they were responsive to their partners' needs during a given period of time (e.g., two weeks, one month, six months) or their partners were responsive to their needs during a given period of time. However, as Fincham and Bradbury (1991) suggest, there may be differences between cognitive appraisals made in distal contexts (i.e., global appraisals of stable, trait-like aspects of a relationship) versus those made in proximal contexts (i.e., event-dependent, changeable appraisals of a specific situation).

A number of event-dependent cognitions have been identified among couples and studied with respect to the strategies individuals use to influence their partners (Sanford, 2006). One of these cognitions is that of expectancies for marital communication (i.e., beliefs about what is going to happen during an interaction). In the context of social support, expectations in a specific interaction involve anticipating a partner's behaviour in response to the support seeker raising a specific issue for which they need support (e.g., desire to eat healthier; desire to find a more fulfilling career). The interaction specific appraisal is the support seeker's rating of how supported they expect to feel by the support provider during that specific interaction. The present study focused on examining the impact of alexithymia on specific types of support that support seekers expect to receive in a supportive interaction with their partners (i.e., support providers).

Although previous studies have not examined the impact of emotion self-awareness on expectations for different types of support, given that alexithymic individuals typically report receiving lower levels of support than non-alexithymic individuals, it is conceivable that they would come to *expect* lower levels of support from their partners. As such, it was hypothesised that *self-reported alexithymia would be associated with lower levels of expected positive support and higher levels of expected negative support*.

2. Method

2.1. Participants

Participants were 69 heterosexual couples, aged 21–65 years ($M = 38.72$ years ($SD = 12.67$) for males and $M = 36.99$ years ($SD = 12.35$) for females). All couples were married ($N = 48$) or had been living together ($N = 21$) for at least 1 year. The average relationship length for married couples was 14.20 years ($SD = 8.79$) and for

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