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ALEXITHYMIA, SOCIAL SUPPORT AND HEALTH PROBLEMS

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Abstract—This article presents three studies examining whether alexithymia is associated with less perceived and network social support, whether such relationships are accounted for by reduced social skills associated with alexithymia, and whether limited social support links alexithymia to health problems. The relationships between alexithymia (Toronto Alexithymia Scale), social variables, and physical health and depression were examined in both healthy young adults and patients. Alexithymia (especially deficits in identifying and communicating feelings) was related to less perceived support, fewer close relationships, and less social skill; the social skills deficit accounted fully for the association between alexithymia and a smaller social network. Additionally, alexithymia was related to both somatic complaints and depression, but social support generally was not. It is concluded that alexithymia is associated with reduced perceived and network social support, that these associations are likely due to alexithymia-related deficiencies in social skills, but that reduced social support does not account for the relationship between alexithymia and health problems. *Copyright © 1996 Elsevier Science Inc.*

Keywords: Alexithymia; Social support; Behavior; Health; Depression.

INTRODUCTION

Alexithymia refers to affective deficits in differentiating, identifying, and communicating one's feelings, and to a cognitive style marked by concrete, utilitarian, externally focused thought rather than introspection, fantasy, and daydreaming [1, 2]. The prevalence of alexithymia is substantially elevated among patients with various pain, psychophysiological, and psychiatric disorders, compared with healthy controls [3]. Also, in contrast to patients with obvious emotional distress and elaborate physical and psychological symptom complaints, people with alexithymia have been described as "pseudonormal," because they often present as conforming, compliant, and rational [4]. Insight-oriented psychotherapy with alexithymic patients is often boring for clinicians, and close alliances are difficult to foster [5, 6]. The interpersonal relationships of patients with alexithymic characteristics have been described as either overly dependent or aloof [7].

In addition to these clinical observations, research has shown that alexithymia is associated with emotional comprehension and expression deficits [8–10], which may have implications for social functioning. Kauhanen and colleagues [11] found that Finnish men with alexithymia were less likely than nonalexithymic men to be mar-

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Table I.—Descriptive statistics for alexithymia, social support and health variables in all three studies

	Mean	SD	Range	Yes (%)	No (%)
Study 1 (<i>N</i> = 662)					
TAS total	61.4	11.0	32–100		
TAS IDE	26.2	7.8	11–53		
TAS COM	17.9	5.2	7–33		
TAS EOT	13.5	3.5	6–26		
Social support	16.1	5.4	7–37		
MMPI Hypo (<i>n</i> = 173)	8.0	4.4	1–21		
Illnesses (<i>n</i> = 489)	2.3	2.2	0–11		
Study 2 (<i>N</i> = 40)					
TAS-20 total	46.6	9.4	25–63		
TAS-20 IDE	16.8	5.3	7–27		
TAS-20 COM	12.2	3.4	5–21		
TAS-20 EOT	17.5	4.6	9–26		
Social support	84.6	8.3	59–96		
PANAS NA	1.6	0.5	1.0–2.9		
PANAS PA	3.5	0.6	1.9–4.5		
Pain	2.9	1.4	0–5.3		
Depression	1.0	0.8	0.2–3.8		
Study 3 (<i>N</i> = 225)					
TAS-20 total	49.1	10.3	22–73		
TAS-20 IDE	16.4	5.4	7–31		
TAS-20 COM	13.4	4.5	5–25		
TAS-20 EOT	19.3	4.2	9–32		
Social skills	36.0	6.6	18–52		
Symptoms	105.3	24.0	55–186		
Depression	7.8	6.2	0–30		
No. of close friends	4.0	2.5	0–7+		
No. of siblings	2.7	2.1	0–7+		
Group member				89 39.6%	136 60.4%
Steady partner				136 60.4%	89 39.6%
Best friend				180 80.0%	45 20.0%

See text for names and descriptions of variables.

ried, and they reported fewer friends and acquaintances. Alexithymia also is associated with an insecure attachment style, which manifests in compulsive, care-seeking behavior, or compulsive, self-reliant behavior [12].

Social support has been construed both as one's perception of supportive relationships (perceived support) and as the presence and number of interpersonal ties (social network) [13]. Poor social support is of concern because it may be a risk factor for both mental and physical health problems [13–16], although a recent meta-analysis suggests that the effect of social support on physical health is limited [17]. Alexithymia has been linked repeatedly with both somatic and affective complaints [18–22], but the association of alexithymia with social support is not known.

This article presents a series of three studies that examined alexithymia, social functioning, and health (Table I). Multiple studies were conducted to test the replicability of findings across samples and to address increasingly complex questions. It was hypothesized that alexithymia is associated with reduced perceived social support and a smaller social network, and that the smaller network is due to deficits in social skill associated with alexithymia. These studies also tested Kirmayer's hypothesis that alexithymia "could make interpersonal relationships more difficult to negotiate, resulting in decreased social support and, ultimately, somatic illness" [23,

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