



Adult attachment style and alexithymia

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Abstract

The focus of the present study was to investigate the relationship between adult attachment behaviour and alexithymia. Adult attachment behaviour and alexithymic characteristics were assessed using questionnaire methods. In a single session, 301 University students completed an Italian version of the Attachment Style Questionnaire (ASQ) and the Italian version of the 20-Item Toronto Alexithymia Scale. Moderate positive correlations were found among TAS total score and several ASQ subscales such as the Discomfort with Closeness (0.35), the Relationships as Secondary (0.38) and the Need for Approval (0.41). On the other hand, TAS total score and the Confidence subscale of the ASQ showed a moderate negative correlation (−0.45). These results provide interesting cues. Possible hypothetical explanations of this association are discussed. Further longitudinal researches are needed to better investigate the relationship between the sociocultural environment, deficiencies in mother–child relationship and the ease of confidence in intimacy in adulthood.

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1. Introduction

The aim of the present study is to investigate the relationship between adult attachment behaviour and alexithymia. Adult attachment is the stable tendency of an individual to make substantial efforts to seek and maintain proximity to and contact with one or a few specific individuals, who provide the subjective potential for physical and psychological safety and security. This stable tendency is regulated by internal working models of attachment, which are cognitive–affective–motivational schemata built from the individual's experience in his or her

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interpersonal world. “Attachment styles” refer to particular internal working models of attachment that determine people’s behavioural responses to real or imagined separation and reunion from their attachment figures (Berman & Sperling, 1994).

Attachment researchers describe the influence of early attachment experiences on the evolving internal representations of the self and others and have begun to investigate how the “internal working model” of attachment influences future relationships as well as affect regulating strategies in adulthood. There is strong suggestive evidence that the attachment style developed in childhood remains relatively stable across the life span and may even be transmitted between generations (Goldberg, 1991). Research studies (Bowlby, 1969; Bretherton, 1985; Tennant, 1988) on attachment styles in infancy and childhood have confirmed that the sensitivity and responsiveness of the primary caregiver to the child’s emotional states is a major determinant of the way the child learns to regulate distressing affects and to relate to other people. Children who became securely attached experienced an optimal and consistent responsiveness expression and learned that modulated emotional expression has positive outcomes. Deficient care-giving results in insecure patterns of attachment behaviour and impedes the development of effective affect regulating skills. Studies of adolescents and adults (Hindy & Schwarz, 1994; Rothbard & Shaver, 1994) found that those with secure attachment styles report low levels of negative affect and form strong relationships with others to whom they turn for support when emotionally distressed. Individuals with an insecure style of attachment were found to experience less positive affect than those with secure attachments, and also manifested deficits in the ability to self-regulate anxiety, depression and other negative affects (Parker, 1982).

Alexithymia is a term used most commonly to describe people who have difficulties recognizing, processing and regulating emotions. Several authors (Haviland, Warren, & Riggs, 2000; Taylor, Bagby, & Parker, 1997) suggest that Alexithymia is a personality trait that places individuals at great risk for several medical and psychiatric disorders (e.g. substance related, panic, posttraumatic stress, somatoform, and eating). A study investigating the relationship between alexithymia and DSM-III-R psychiatric syndromes and personality disorders found no significant associations between alexithymia measured by the Toronto Alexithymia Scale (TAS) and DSM-III-R diagnoses (Bach, de Zwaan, Ackard, Nutzinger, & Mitchell, 1994), on the other hand neuroticism, anxiety and depression are correlated with TAS scores (Deary, Scott, & Wilson 1997; Taylor et al., 1997).

Of the large number of studies on alexithymia, many have examined the aetiology of alexithymic characteristics. The alexithymia construct is composed of the following salient features: difficulty identifying feelings and distinguishing between feelings and the bodily sensations of emotional arousal; difficulty communicating feelings to other people; constricted imagination processes, as evidenced by a paucity of fantasies; and a stimulus-bound, externally orientated cognitive style (Nemiah, Freyberger, & Sifneos, 1976; Taylor, Bagby & Parker, 1991). Several theorists have posited that alexithymia is caused by events occurring in childhood, such as psychic trauma or disturbances in the mother–infant relationship. Recognition and expression of emotion have been found to be associated with family environment and history of childhood maltreatment. Berenbaum and James (1994) examined the family correlates of alexithymia. Children who grow up in environments in which they feel physically and emotionally unsafe and insecure, and in which the expression of emotion is discouraged, would not be expected to learn how to successfully cope with their emotional states, and would consequently be uncomfortable

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