

Is alexithymia linked with marital satisfaction or attachment to the partner? A study in a pregnancy cohort of parents-to-be

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Abstract

Objective: To investigate possible associations of alexithymia with marital satisfaction and mutual attachment between the partners in a group of parents-to-be during pregnancy.

Methods: The present study was conducted in a pregnancy cohort. Cross-sectional data were available for 151 mothers and 106 fathers, and altogether 102 couples. The 20-item Toronto Alexithymia Scale (TAS-20) was used to assess alexithymia, the Index of Marital Satisfaction (IMS) to assess romantic relationship satisfaction and the Experiences in Close Relationships Scale (ECR) to evaluate attachment-related anxiety and avoidance. Kruskal–Wallis test was used for categorized variable comparisons. For continuous variables, Spearman correlation analyses and linear regression analyses were conducted.

Results: The TAS-20 total score, as well as, two of its dimensions, difficulties in identifying and describing feelings, were significantly correlated ($p < 0.01$) with both the IMS scores and the ECR anxiety and avoidance scores. In the regression analyses, the most significant predictive factor for the subjects' IMS scores was their partners' corresponding scores, although among fathers the IMS scores were partly explained by their own TAS-20 factor 1 scores ($p = 0.004$). The subjects' own TAS-20 scores explained the ECR anxiety and avoidance scores to a significant extent, but the fathers' TAS-20 factor 3 scores were also associated with the mothers' avoidance scores ($p = 0.037$).

Conclusion: Alexithymia was not directly related to marital satisfaction. However, alexithymia appears to have a significant effect on relationship-related anxiety and avoidance. This association should be further studied in parents and their offspring in a longitudinal setting.

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1. Introduction

Alexithymia signifies a personality construct that is typically represented by reduced ability to identify and verbalize feelings, a less vivid imagination, and an externally oriented, concrete way of thinking. The concept was introduced in the early 1970s on the basis of observations made in psychosomatic patients [1]. Since then, a notable amount of research has shown that

alexithymia is associated with several somatic diseases and mental disturbances, such as depression [2], eating disorders [3], alcohol dependence [4], and essential hypertension [5].

However, alexithymia is not an exclusive feature of different patient groups, but is present in general population as well. In adults, the estimated prevalence of alexithymia is approximately 10% and it appears to be, to some extent, more common in males [6,7]. Genetic factors seem to have an impact on alexithymic features [8,9]. In several studies, individuals with alexithymia have rated their overall health as being poor significantly more commonly than non-alexithymic individuals [6,10]. Moreover, alexithymia has been shown to be associated with health-related quality of life [11,12], with alexithymic individuals being clearly worse off.

This study was conducted at the University of Turku, Institute of Clinical Medicine, Turku, Finland.

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Alexithymia relates to a variety of difficulties in various social contexts. For example, Fukunishi et al. [13] and Karukivi et al. [14] have shown that alexithymia is associated with low experienced social support. Alexithymic individuals may lack the ability to benefit from social support adequately because they neither recognize other people's emotions nor respond to them appropriately [15]. Due to their poor communication and regulation skills on an emotional level, it can be difficult for individuals with abundant alexithymic features to bond and establish deep and gratifying relationships with others. This may be related to the findings suggesting that individuals with or without alexithymia process emotional facial expressions differently [16–18]. Although there is no clear evidence that the perceptual deficits correlate with specific emotions, recent studies indicate that alexithymia may be associated with deficient processing already at the perceptual level [18].

Keeping the range of difficulties associated with alexithymia in mind, the research on the significance of alexithymic features in regard to attachment and satisfaction in romantic relationships is surprisingly scarce. Overall, in the studies conducted in general population, alexithymia has been associated with being single or otherwise living alone [7,19]. Humphreys et al. [20] have suggested alexithymia to be negatively associated with satisfaction in intimate relationships. In a sample of patients with traumatic brain injury, the patients' alexithymic features had a clear deteriorating effect on the relationship satisfaction among their non-injured partners [21]. It has also been suggested that alexithymia is associated with adult attachment style [22], particularly insecure attachment, and may predispose to or mediate attachment-related anxiety [23,24]. It can be further hypothesized that this could have an effect on the quality of the relationship as experienced by alexithymic individuals or their partners, or both.

In the present study, we hypothesized that alexithymia would have a significant association with attachment-related avoidance and anxiety in a sample of parents-to-be during pregnancy. As to the differences between the various dimensions of alexithymia reported in previous research, we predicted that the association was related to difficulties in identifying and describing feelings. Relationship satisfaction was assumed to be associated with attachment-related problems and the same alexithymia dimensions. We further hypothesized that the subjects' own alexithymic features would mainly explain these associations, although we expected their partners' features to be of some importance as well.

2. Methods

2.1. Material

The present study forms a part of the FinnBrain Birth Cohort Pilot study (www.finnbrain.fi). It is a large cohort study involving pregnant women, their partners and the babies with an aim to comprehensively assess individual

and familial factors associated with later emergence of psychiatric and somatic illnesses. The recruitment takes place during the first trimester of the pregnancy (H12). In the present study, the sample comprises the mothers and fathers that participated in the pilot study initiated in the spring of 2010. The present cross-sectional data were collected using self-report questionnaires. Data for the socio-demographic variables were reported by the mothers for both parents. Initially, altogether 203 families agreed to enter the study, and at the first time-point (H18–20), 151 mothers and 106 fathers returned the questionnaires, and they form the present sample. No data are available for the families who did not return the initial questionnaires. All of the subjects gave their written informed consent. The Joint Ethics Committee of the University of Turku and Southwestern Hospital District has approved the study protocol.

2.2. Measures

The Toronto Alexithymia Scale (TAS-20) [25,26] is a 20-item self-report scale that consists of three subscales, which measure the three core characteristics of alexithymia: difficulty identifying feelings (DIF, factor 1), difficulty describing feelings (DDF, factor 2), and externally oriented thinking (EOT, factor 3). Each item is rated on a five-point Likert-type scale ranging from “strongly disagree” to “strongly agree.” The minimum total score for the scale is 20 and the maximum total score is 100. The internal consistency, reliability and validity of the TAS-20 scale as a whole have been shown to be good in over 20 versions in different languages [27,28]. The Finnish version of the scale has also proven to have satisfactory psychometric properties [29]. The TAS-20 score was treated as a continuous variable, but for the purposes of some statistical analyses, we used a cut-off score of 61 points or more for classifying a subject as alexithymic, or “high” for alexithymia, as recommended by the developers of the scale [30]. Furthermore, the scores falling short of 60 were classified into two groups: a score of 51 or less represented a “low” degree of alexithymia and scores from 52 to 60 a “moderate” degree of alexithymia.

The Experiences in Close Relationships Scale (ECR) is a 36-item scale measuring attachment-related anxiety and avoidance [31]. Each item is scored on a seven-point Likert-type scale ranging from “strongly disagree” to “strongly agree.” The scale comprises two subscales, one measuring attachment-related anxiety (18 items) and the other avoidance (18 items). For attachment-related anxiety, individuals with high scores desire a close relationship, but are anxious about being abandoned. On the other hand, individuals scoring high on avoidance struggle in opening up in their romantic relationship and tend to avoid intimacy. The psychometric properties of the scale have been shown to be good [31,32].

The Index of Marital Satisfaction (IMS) consists of 25 items that assess the satisfaction regarding the current marital

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