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Personality and Individual Differences 31 (2001) 915–923

PERSONALITY AND
INDIVIDUAL DIFFERENCES

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Interpersonal sensitivity and reactivity to spousal conflict in healthy older women

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Received 14 April 2000; received in revised form 24 August 2000; accepted 4 October 2000

Abstract

This study investigated whether interpersonal sensitivity was associated with reactivity to spousal conflict beyond neuroticism. Interpersonal sensitivity is defined as an excessive sensitivity to the behavior and feelings of others. Participants were 49 healthy older women who were interviewed weekly for 12–20 consecutive weeks. Interpersonal sensitivity and neuroticism were measured in mailed questionnaires. Spousal conflict, positive affect, and negative affect were assessed weekly in phone interviews. Hierarchical linear regression analyses were conducted predicting positive and negative affect from interpersonal sensitivity, spousal conflict, and the sensitivity \times spousal conflict interaction. Neuroticism and age were used as control variables. The results indicated that women higher in interpersonal sensitivity had more negative affect and less positive affect in times of spousal conflict than women lower in interpersonal sensitivity. The findings suggest that interpersonal sensitivity may play a unique role in reactivity to interpersonal conflict. © 2001 Elsevier Science Ltd. All rights reserved.

Keywords: Interpersonal sensitivity; Neuroticism; Spousal conflict; Stress; Affect

1. Introduction

Personality may play an important role in reactivity to stressful events (Bolger & Zuckerman, 1995). Researchers have examined a variety of personality characteristics that may moderate the relationship between stress and illness (Antonovsky, 1987; Kobasa, 1979; Smith & Anderson, 1986). However, neuroticism is the characteristic that has most consistently been related to reactivity to stress (Bolger & Schilling, 1991; Larson & Ketelaar, 1991; Marco & Suls, 1993). Indeed,

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neuroticism has threatened to dominate the study of personality and health and obscure the importance of more subtle individual differences (Kasl & Rapp, 1991). The purpose of this study was to examine interpersonal sensitivity as a personality characteristic that is related to neuroticism but may add something unique.

The definition of interpersonal sensitivity adopted for this article is that given by Boyce and Parker (1989). They developed a measure of interpersonal sensitivity defined as “an undue and excessive awareness of, and sensitivity to, the behaviour and feelings of others” (p. 342). In their view, interpersonal sensitivity characterizes individuals who are preoccupied with interpersonal relationships and are particularly sensitive to interactions involving criticism or rejection. While this definition of interpersonal sensitivity is similar to others that have arisen in social science and medical research, there are some important differences. For example, the interpersonal sensitivity subscale of the SCL-90 is defined in terms of low self-esteem rather than sensitivity to criticism or rejection (Derogatis, Lipman & Covi, 1973). Also, social psychologists have studied interpersonal sensitivity as a characteristic involving the accuracy of interpersonal perception (Snodgrass, Hecht & Ploutz-Snyder, 1998).

Boyce and Parker (1989) have found that interpersonal sensitivity is strongly related to neuroticism, but believe that it represents a refined risk factor for health problems. There is reason to suspect that interpersonal sensitivity may influence health by increasing reactivity to stressful events, especially those that are interpersonal in nature. First, the definition of interpersonal sensitivity emphasizes sensitivity to criticism and rejection. Heightened sensitivity to negative social interactions involving criticism or rejection could result in increased negative affect and decreased positive affect. Sustained changes in affect due to ongoing conflict could have a significant impact on both psychological and physical health. Second, Boyce, Parker, Barnett, Cooney and Smith (1991) found that interpersonal sensitivity predicted an increase in depression following a stressful event with a significant interpersonal dimension. They assessed interpersonal sensitivity in 140 mothers prior to giving birth and assessed depression at 3 and 6 months following birth. They found that women high in interpersonal sensitivity were much more likely to become depressed than those low in sensitivity.

While this study provides some evidence that interpersonal sensitivity may play a role in reactivity to stress, there are several studies suggesting that neuroticism may increase reactivity. Larsen and Ketelaar (1991) found that 359 undergraduates high in neuroticism were more emotionally reactive to a negative mood induction than those low in neuroticism. Marco and Suls (1993) examined the relationship between daily stressors and mood in 40 male community residents. They found that individuals high in trait negative affectivity were more reactive to stressors than those low in trait negative affectivity. Finally, Bolger and his colleagues found that neuroticism was related to increased reactivity to stressful events in both a community sample and in a sample of undergraduates (Bolger & Schilling, 1991; Bolger & Zuckerman, 1995).

The central question of this study was whether interpersonal sensitivity would play a role in reactivity to interpersonal stressors beyond neuroticism. Interpersonal stressors are defined as negative social interactions including conflict, criticism, arguing, and the withdrawal of affection. Because neuroticism reflects a general tendency to experience negative affective states (Watson & Clark, 1984), we reasoned that the role it plays in reactivity might be similar across all domains of stressful events. Because interpersonal sensitivity is specifically relevant to the domain of personal and social relationships (Boyce & Parker, 1989), we reasoned its role in reactivity might be

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