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The relationship between alexithymia and women's perceived social support

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Abstract

Introduction: Difficulties in identifying emotions under the name of alexithymia are linked to insufficiency in social and cognitive functioning, which reduces people's well-being and efficiency. Considering the less investigation of individual aspects of alexithymia in predicting challenges related to the quality of life, social functioning, and interpersonal interactions of women, the present study aimed to investigate the relationship between alexithymia and the perceived social support of women. Method: The statistical population of the present study included women living in Mashhad. 106 people were selected using the available sampling method and completed the Toronto Alexithymia Questionnaire (FTAS-20) and Zimmet et al.'s Multidimensional Perceived Social Support (MSPSS). Data analysis was done through mean, Pearson correlation coefficient, and linear regression analysis using SPSS-26 software. Results: Based on the findings, there was a negative and significant relationship between emotional dyslexia and the perceived social support of women ($P<0.01$). A comparison of regression coefficients showed that alexithymia ($\beta=0.25$) is a negative and significant predictor for perceived social support. Discussion and conclusion: considering the protective role of social support against health problems and the relationship between alexithymia and less understood social support, the tendency to high levels of negative alexithymia confusion, the possibility of developing problems in physical and psychological health And there are social functions that highlight the necessity of increasing quality educational and therapeutic measures focused on expanding the support network, social skills, improving the mental health and emotional state of women.

Key words: Alexithymia, Emotion regulation, Cognitive process, Perceived Social Support. Females.

1. Introduction

The experience of crises such as wars, natural disasters or the recent quarantine due to COVID-19, showed that these challenges may in addition to physical injuries; have significant consequences on cognitive, physical, and psychological health [1]. Considering the importance of social support in dealing with challenges during crisis periods, one of the topics that have been given special attention to reduce problems and improve mental health during the COVID-19 pandemic, the role of social support as a psycho-social protective factor [2]. Social support is an external resource available to individuals that can effectively reduce personal stress and promote emotional and psychological health. It has been suggested as an essential aspect of survivorship care planning. Higher levels of support are associated with better health outcomes and quality of life [3]. The term received social support refers to the actual amount of support. In contrast, perceived social support refers to a person's subjective assessment of the amount of support from those around him, including family, friends, etc., when necessary, and the relationship between perception of the amount of support the mental health of people is emphasized by research evidence [4]. In this regard, the results of recent studies have shown that higher perceived social support is associated with lower levels of depression [5], increased self-efficacy and sleep quality, and reduced anxiety and stress [6]. Considering the importance of the role of perceived social support in mental health, it is also important to examine the factors related to it [7].

One of the variables related to perceived social support is ataxia, which includes the inability to process emotional information and regulate emotions cognitively [8]. Ataxia is a multifaceted construct consisting of difficulty identifying or describing emotions, limited visualization power, and difficulty distinguishing between emotions and bodily arousals related to emotional arousal [9]. The high prevalence of alexithymia in people with anxiety, depression [8], and low levels of psychological well-being [9] is significant, and considering that the ability to understand and regulate emotions leads to better management of physical problems. It leads to psychological problems, health indicators in general, and biological and medical problems in particular related to alexithymia. Failure to recognize and describe emotion leads to a decrease in the individual's understanding of social support; For example, the mediating role of ataxia between perceived social support and quality of life in diabetic patients has been shown [10]. Also, ataxia is associated with reduced social support and less close relationships [11]. In addition, people with alexithymia may use coping strategies in stressful situations that lead to less understanding of social support [12].

While well-being is a process, Crises such as the quarantine of COVID-19 also require adaptability to extensive changes in life [13]. Some features that potentially help reduce some consequences are used for more meaningful interactions to create positive change [14]. A review of the research evidence showed that based on the importance of social support as a psycho-social protective factor against mental health problems, a comprehensive investigation of related factors is necessary. Therefore, the present study examined the relationship between moodiness and perceived social support.

2. Method

This descriptive correlational research design examines the relationship between alexithymia and women's perceived social support. The statistical population of the present study included women living in Mashhad. One hundred six people were selected as the sample group through available sampling. Questionnaires were given to all participants with the relevant instructions and information for the confidentiality of the information. In addition to descriptive statistical methods, Central and dispersion, correlation coefficients, and regression equations were used in SPSS version 26 software for data analysis. Also, the following tools were used to collect data.

1-2- The Toronto Alexithymia Scale-20 (TAS-20)

This questionnaire was developed by Taylor and revised by Bagby, Taylor and Parker in 1994 [15]. The scale includes 20 questions that can be applied individually or in groups in general and clinical samples and three dimensions of difficulty in recognizing and identifying emotions (7 items, questions 1, 3, 6, 7, 9, 13 and 14), difficulty in describing feelings (5 articles, questions 2, 4, 11, 12 and 17) and objective thinking with external orientation (8 articles, questions 5, 8, 10, 15, 16, 18, 19, 20) [16]. Grades are assigned according to a 5-point Likert scale. Also, questions 4, 5, 10, 18, and 19 have reverse scoring [17]. For completely agree, a score of 5 and for completely disagree, a score of 1 is taken into account, and a total score is obtained from the sum of the scores of the three subscales for general emotional distress. The interpretation of the scores is that the score of each of the subscales is summed up, and the higher it is, the more the problem is [18]. The minimum and maximum score of this scale is 20 and 100, respectively [16]. Parker et al. have examined and confirmed the psychometric properties of this scale [17]. In Iran, Basharat has reported Cronbach's alpha coefficient of 0.85. The test-retest reliability of the scale was also confirmed from 0.80 to 0.87 for the total alexithymia and different subscales [19].

2-2- Multi-dimensional Scale of Perceived Social Support (MSPSS)

Several instruments are available to assess social support. A promising scale widely used for decades is the Multi-dimensional Scale of Perceived Social Support (MSPSS), initially published by Zimet et al. in 1988 [20]. The MSPSS is a 12-item scale that assesses perceived support from three sources of: family, friends, and a significant other person (e.g., spouse or best friend) using 7-point Likert-scale, ranging from 1 as strongly disagree to 7 as strongly agree [21]. The MSPSS assesses both perceived availability and adequacy of emotional and instrumental support. This instrument is brief and easy to administer [22]. In Iran, Cronbach's alpha coefficient was reported as 0.89, 0.86, and 0.82, respectively, for the three dimensions of social support received from family, friends, and important people [23].

3. Results

Based on the descriptive and demographic information of the whole sample (106 women), the mean and standard deviation of the age of the participants were 30.31 and 9.75, respectively.

Also, in terms of education, twenty-twenty people (20.8%) had a diploma or lower, seven (6.6%) had an associate degree, forty-one (38.7%) had a bachelor's degree, and thirty-six (34%) had a master's degree. Table 1 shows the mean and standard deviation of the research variables.

Table 1: The mean and standard deviation of the research variables

variable	Mean	Std. Deviation	Min	Max
Age	30.31	9.75	18	65
Alexithymia	60.51	9.61	42	87
Perceived social support	46.50	6.55	28	60

Considering the non-significance of the Kalmogorov-Smirnov test and the normal distribution of the data, the results of the correlation coefficient analysis showed a significant negative relationship ($P<0.01$) between alexithymia and perceived social support (-0.250). Linear regression analysis was performed due to the significance of the difference in correlation coefficients. Before completing this analysis, checking the assumption of normality of the variables with the Kalmogorov-Smirnov test showed that the distribution of the standardized residuals in both groups is normal ($P<0.05$). The assumption of independence of observations was also checked with Durbin-Watson's test, and the number was 2.006, which was in the acceptable range between 1.5 and 2.5. Table 2 shows the summary of the regression model.

Table 2: Summary of the regression model

Group	R	R^2	$R^2_{adjusted}$	F	Sig.
Women	0.250	0.062	0.053	6.91	0.01

The summary of the regression model showed that the linear correlation of alexithymia with perceived social support is R2=0.25. The regression coefficients are listed in Table 3.

Table 3: Regression coefficient

Group	predictor variables	B	β	S.E	T	Sig.
Women	alexithymia	-0.170	0.065	-0.250	-2. 630	0.01

The Comparison of the regression coefficient showed that alexithymia (β=0.25) was a negative and significant predictor for perceived social support in the group of women.

4. Conclusion

While well-being is a process; Crises require adaptability to rapid and extensive changes in life. For many people, the recent pandemic was probably the first mourning period and a major concern for their health and loved ones [13]. The term perceived social support is a psycho-social protective factor to reduce problems, and maintain and promote mental health during crises [2, 4]; based on its importance against mental health problems, a comprehensive review of The factors related to it are necessary and the present study examined the relationship between perceived social support and alexithymia in women living in Mashhad.

The use of statistical descriptive methods, central and dispersion indices, along with correlation coefficients and regression equation in SPSS software showed that in the group of women, alexithymia (β=0.25) is a negative predictor and It is meaningful for perceived social support. This finding was consistent with studies that higher perceived social support was associated with lower levels of depression [5], increased self-efficacy and sleep quality, and reduced anxiety and stress [6, 7]. It was considering that understanding and regulating emotions leads to better management of physical and psychological problems. Specifically, this finding is consistent with studies showing that perceived social support is associated with alexithymia [8, 9]. Although this research expanded knowledge of perceived social support and alexithymia, its limitations should also be considered. First, despite the advantages of this research in focusing on women, caution should be taken in generalizing the findings to men. Second, although this research included an age range, it was limited to a certain volume. Based on these findings, it is suggested that future studies focus on gender differences in this area and pay attention to age differences by increasing the sample size. Also, the role of mediating variables in this relationship should be addressed. In addition, it is suggested that from the clinical point of view, these findings highlight the necessity of increasing quality educational and therapeutic measures focused on expanding the support network, and social skills and improving women's mental health and emotional state.

5. Appreciation

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