

Rahman Institute of Higher Education

Research Paper: The Relationship between Alexithymia and Sychological Well-Being in Pregnant Women

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Abstract

Objective: Pregnancy is a very important period that sometimes comes with various complications such as anxiety during pregnancy. Therefore, timely and early identification of this anxiety can play an important role in the health of pregnant women. This research aimed to explore the association between alexithymia and psychological well-being in pregnant women during their 5th to 7th month of pregnancy.

Methods: The study population consisted of pregnant women from the Mazandaran province, Iran, during 2022-2023. Employing purposive sampling, 200 pregnant women were selected from health centers. Participants completed the Toronto Alexithymia Scale-20 (FTAS-20) and the Psychological Wellbeing Scale (RSPWB). The data were analyzed using correlation and regression tests.

Results: Analyses revealed an inverse relationship between alexithymia and psychological well-being (r = -0.388, p < 0.01). Approximately 53% of the variance in psychological well-being scores could be attributed to alexithymia.

Conclusions: In conclusion, alexithymia serves as an effective predictor of maternal psychological well-being.

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1. Introduction

A woman's life journey encompasses pivotal stages that profoundly impact her well-being. Among these, pregnancy stands out as a critical period marked by significant physiological and psychological changes. While motherhood brings joy, it can also be pathologic accompanied by shifts (Littlewood & McGough, 1997). Mental health issues among women of reproductive age contribute to 7% of the overall female disease burden across all age groups (Agampodi & Agampodi, 2013). Pregnancy represents a vulnerable phase during which mental health challenges may surface (Seng et al., 2014). Pregnant women are susceptible to various psychological, emotional, and behavioral stressors (Bales et al., 2015), with depression and anxiety rates threefold higher in this group compared to other women (Kingston et al., 2015). Recognizing that optimal psychological well-being profoundly influences pregnancy progression and fetal development (Guszkowska et al., 2014), prioritizing maternal mental health becomes a public health imperative. Consequently, targeted psychological investigating interventions for pregnant women is essential (Cook et al., 2010).

Psychological well-being is a holistic concept that encompasses positive emotions and effective functioning, as defined by Ryff (Páez Gallego et al., 2020). It involves various dimensions such as self-acceptance, positive interpersonal relationships, mastery of one's environment, autonomy, purpose in life, and personal growth. Extensive research has demonstrated the significance of

psychological well-being, which extends beyond physiological aspects to encompass psychological and social domains. It is strongly associated with both short-term and long-term health outcomes, as well as overall quality of life (Saadeh et al., 2020). The awareness of one's emotions and the ability to express them play a crucial role in social interactions. Emotions, from a cognitive science perspective, are complex sets of information processing-based schemata that involve intricate processes and symbolic representations (Dumitrache et al., 2017). Inadequacy in recognizing others' emotional states and effectively conveying situationappropriate emotions through written communication is referred to as emotional inadequacy. This includes challenges in identifying and describing emotions, a tendency towards externalizing thinking, limited imaginative capacity, and а deficiency in empathy (Duddu et al., 2003).

Numerous studies have investigated the phenomenon of emotional inadequacy and its impact on mental health. Gonzalez et al. (2021) highlighted that psychological stress arising from everyday life eve nts gradually affects the functioning of various bodily resulting compromised systems, in performance. Abbas Mofrad's research (2021) demonstrated the mediating role of psychological well-being in the association between marital conflicts. emotional security, perceived stress, pregnancy-related concerns, and biological indicators in pregnant women. Similarly, Abbasi et al. (2015) found that emotional inadequacy significantly contributes to exacerbating

decision-making procrastination among students.

The emotional needs of pregnant women encompass various dimensions, including the necessary support and the diverse range of emotions they may experience. Neglecting these needs and failing to address them properly can have detrimental consequences for both the well-being of the mother and the condition of the fetus. Pregnancy is a period of significant physiological and psychological changes for women. Therefore, considering the critical nature of pregnancy and the health of both the mother and the child, prioritizing psychological wellbeing and welfare, as well as establishing a conducive environment, is of utmost importance. As per the World Health Organization's definition, psychological well-being entails complete physical, mental, and social well-being. Thus, in addition to medical care, pregnant women should also receive guidance from psychologists. Consequently, the present study aims to investigate the relationship between emotional inadequacy and psychological well-being in pregnant women.

2. Method

The present study employed a descriptivecorrelational research design. The target population comprised pregnant women in the 5th to 7th month of pregnancy residing in Mazandaran province in the year 2022. Through purposive sampling and by accessing healthcare facilities, a sample of 200 pregnant women was selected to participate in the study. To meet the inclusion

criteria, participants had to be pregnant, free from significant psychological issues, and willing to take part in the research. Following the selection process, strict measures were taken to ensure the confidentiality of participants' information. The research instruments utilized in this study included the Toronto Alexithymia Scale and the Ryff Psychological Well-Being Scale questionnaires, which were administered to the participants. Subsequently, the collected data were analyzed using SPSS software version 24, employing correlation and regression analysis techniques.

2.1. Instruments

Farsi version of the Toronto Alexithymia Scale-20 (FTAS-20): developed by Bagby and Tylore (2000), is a 20-item questionnaire designed to assess alexithymia. It consists of three sub-scales: difficulty identifying feelings, difficulty describing feelings, and externally-oriented thinking. Respondents rate each item on a five-point Likert scale, ranging from 1 (completely disagree) to 5 (completely agree). A total score is calculated by summing the scores of the three subscales, providing an overall measure of alexithymia. Higher scores indicate higher levels of alexithymia, with a maximum score of 100 and a minimum score of 20. A cut-off points of 50 is commonly used. In Beshaarat's study (2009), the scale demonstrated good reliability, with Cronbach's а alpha coefficient of 0.85, and validity was established through correlation analysis with an emotional intelligence scale, yielding a coefficient of 0.80.

Ryff's Scales of Psychological Well-Being (RSPWB), developed by Ryff in 2006, comprises 18 items that assess six dimensions of well-being: self-acceptance, positive relations with others, autonomy, purpose in life, personal growth, and environmental mastery. Respondents rate each item on a six-point Likert scale, ranging from 1 (completely disagree) to 6 (completely agree). Higher scores reflect higher levels of psychological well-being. In Ryff's study (2006), the validity of the scale was supported by correlation analysis, yielding a coefficient of 0.87. The scale also demonstrated good reliability, with an internal consistency coefficient of 0.90.

3. Results

This research study was conducted on a sample of 200 pregnant women in the 5th to 7th month of pregnancy in Mazandaran province. Among the participants, 35 respondents (16.9%) fell within the age range of 20-25 years, 79 respondents (38.2%) were between 25-30 years old, and 86 respondents (41.5%) were between 30-35 years old.

Table 1 presents the mean and standard deviation of the participants' scores on the Toronto Alexithymia Scale and its subscales, including difficulty identifying feelings, difficulty describing feelings, and externally-oriented thinking. Additionally, the table showcases the scores on the Ryff Psychological Well-Being Scale and its subdimensions, encompassing self-acceptance, positive relations with others, autonomy, purpose in life, personal growth, and environmental mastery.

Table 1

Average Scores and Variability in Emotional Inefficiency Dimensions and Psychological Well-Being among Pregnant Women

Factors	Mean	Standard Deviation		
Difficulty in Identifying Emotions	5.14	8.4		
Difficulty in Describing Emotions	8.9	9.3		
Concrete Thinking	6.16	7.5		
Emotional Inefficiency (Total	4.41	33.11		
Score)				
Self-Acceptance	7.10	8.1		
Positive Relationships with	3.11	6.2		
Others				
Autonomy	5.13	3.2		
Purposeful Life	9.9	39.2		
Personal Growth	18.11	88.1		
Mastery of Environment	80.11	43.2		
Psychological Well-being	8.91	16.17		

Table 2 shows alexithymia and Psychological Well-Being Correlation.

Table 2

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Self- Acceptance	Positive Relationships with Others	Autonomy	Mastery of Environment	Purposeful Life	Personal Growth	Total
-0.066**	-0.191*	-0.238*	-0.188**	-0.512*	-0.39*	- 0.28**
-0.34**	-0.21*	-0.53*	-0.28*	-0.63**	-0.47**	-0.77*
-0.71*	-0.39**	-0.41*	-0.36**	-0.09*	-0.32*	- 0.15**
-0.399**	-0.467**	-0.723**	-0.521**	-0.388**	-0.325**	- 0.388*
	Acceptance -0.066** -0.34** -0.71*	Self- Acceptance Relationships with Others -0.066** -0.191* -0.34** -0.21* -0.71* -0.39** -0.399** -0.467**	Self- Acceptance Relationships with Others Autonomy -0.066** -0.191* -0.238* -0.34** -0.21* -0.53* -0.71* -0.39** -0.41* -0.399** -0.467** -0.723**	Self- Acceptance Relationships with Others Autonomy Environment Mastery of Environment -0.066** -0.191* -0.238* -0.188** -0.34** -0.21* -0.53* -0.28* -0.71* -0.39** -0.41* -0.36** -0.399** -0.467** -0.723** -0.521**	Self- Acceptance Relationships with Others Autonomy Environment Mastery of Environment Purposeful Life -0.066** -0.191* -0.238* -0.188** -0.512* -0.34** -0.21* -0.53* -0.28* -0.63** -0.71* -0.39** -0.41* -0.36** -0.09* -0.399** -0.467** -0.723** -0.521** -0.388**	Self- Acceptance Relationships with Others Autonomy Furionment Mastery of Environment Purposeful Life Personal Growth -0.066** -0.191* -0.238* -0.188** -0.512* -0.39* -0.34** -0.21* -0.53* -0.28* -0.63** -0.47** -0.71* -0.39** -0.41* -0.36** -0.09* -0.32* -0.399** -0.467** -0.723** -0.521** -0.388** -0.325**

The data reveals an inverse relationship between alexithymia and psychological wellbeing (r = -0.388, p < 0.01), suggesting that as alexithymia increases, psychological wellbeing decreases.

Table 3

Predicting Psychological Well-Being via Alexithymia Regression Analysis

Criterion Variable	Predictor Variable	Correlation Coefficient R	Coefficient of Determination R2	F	В	t
Psychological Well-Being	Alexithymia	0.538	0.53	64.65	-0.18	-7.33

P=0.0001

Table 3 presents the findings from a regression analysis aimed at predicting alexithymia using psychological well-being scores. Based on the data in this table, approximately 53% of the variability in psychological well-being scores can be explained by alexithymia scores, indicating that alexithymia provides a reasonably effective prediction of psychological well-being.

4. Discussion

The findings of this study highlight a significant association between emotional distress and psychological well-being among pregnant women. Specifically, lower levels of emotional distress correspond to higher levels of psychological well-being. These findings are consistent with prior research

conducted by Gonzalez et al. (2020), Abbas Mofrad (2021), and Abbasi et al. (2014).

To provide further insight into these results, it can be argued that emotional distress is indicative of challenges in emotional self-regulation and difficulties in processing cognitive of emotional information and emotion regulation (Bagby and Taylor, 2000). When individuals face obstacles in the cognitive processing, perception, and evaluation of emotional information, they experience emotional and cognitive turmoil and distress. This inability disrupts the organization of emotions and cognitions and predisposes individuals to adopt less effective coping mechanisms in the face of stressful situations, ultimately compromising their psychological wellbeing (Beshaarat, 2009).

Pregnant women may be particularly susceptible to emotional distress due to the hormonal and mood changes associated with pregnancy. Consequently, they may exhibit a tendency to avoid direct engagement with stressful circumstances, which subsequently diminishes their problem-solving capabilities. Consequently, they experience cognitive and emotional turmoil, leading to a decline in their psychological well-being (Zeidner & Endler, 1996).

In addition, inadequate regulation and management of emotions are characteristic features of emotional distress (Bagby & Taylor, 2000). This emotional distress poses a threat to the mental health of pregnant women, resulting in reduced psychological well-being and heightened psychological distress. Moreover, it negatively impacts their interpersonal interactions. communication skills, and coping strategies. Conversely, a reduction in emotional distress empowers pregnant women with problemfocused problem-solving abilities and better equips them to handle stressful situations. This enhanced capacity, accompanied by mental and emotional tranquility, fosters their potential and promotes psychological well-being. The ability to regulate and emotions, manage opposed as to experiencing emotional distress, strengthens mental health at an individual level by mitigating psychological distress and enhancing psychological well-being. Furthermore, it exerts a positive influence on interpersonal interactions, communication skills, and coping strategies (Besharat, 2009).

The current study was subject to certain limitations. One such limitation was the exclusive focus on pregnant women, which limits the generalizability of the findings to the broader population. Therefore, it is advisable for future research to encompass other individuals to enhance the applicability of the results.

5. Conclusion

In light of the study's findings, it can be concluded that psychological well-being plays a significant role in predicting emotional distress.

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Conflicts of Interest

The author affirms that there are no conflicts of interest.

References

- Abbasi., M, pirani., Z, Dargahi., S, Aghavirdi nejad., S. (2015). The Relationship between Cognitive Failure and Alexithymia and Decisional Procrastination among University Students. Iranian *Journal of Medical Education*, 14 (10), 905-915. https://ijme.mui.ac.ir/article-1-3457-en.html
- Abbas Mofrad., H, Khalatbari., J, Malihi Alzakerini., S, Mohammadi Shir Mahalla., F. Shafti., V. (2021). Modeling Structural Equations in the Relationship Between Marital Conflicts and Emotional Security With Perceived Stress and Prenatal Concerns With Psychological Well-Being in Pregnant Women. MEJDS, 12,140-140. https://jdisabilstud.org/article-1-2259-en.html
- Agampodi., S. B. Agampodi., TC. (2013). Antenatal depression in Anuradhapura, Sri Lanka and the factor structure of the Sinhalese version of Edinburgh post partum depression scale among pregnant women. PLoS One, 8(7), 69-78.

https://doi.org/10.1371/journal.pone.0069708

Bagby., R. M & Taylor., M. (2000). Affect dysregulation and alexithymia. In G. J.

- Bales., M, Pambrun., E. Melchior., M. Glangeaud-Freudenthal., NC. Charles., MA. Verdoux., H, et al. (2015). Prenatal psychological distress and access to mental health care in the ELFE cohort. Eur Psychiatry, 30(2), 322-328. http://dx.doi.org/10.1016/j.eurpsy.2014.11.00 4
- Beshaarat., M. (2009). The relationship between emotional impairment and coping styles. The Journal of New Thoughts on Education, 5(4), 9-28.

https://doi.org/10.22051/jontoe.2009.188

Cook., CA., Flick, LH., Homan, SM., Campbell, C., McSweeney, M., Gallagher, ME. (2010). Psychiatric disorders and treatment in lowincome pregnant women. J Womens Health, 19(7), 1251-62

https://doi.org/10.1089%2Fjwh.2009.1854

- Duddu, V., Isaac, MK., Chaturvedi. SK. (2003). Alexithymia in somatoform and depressive disorders. J Psychosom Res, 54(5), 435-438. https://doi.org/10.1016/S0022-3999(02)00440-3
- Dumitrache. CG., Rubio, L., Rubio-Herrera. R. (2017). Perceived health status and life satisfaction in old age, and the moderating role of social support. Aging & Mental Health, 21(7),751-757.

http://dx.doi.org/10.1080/13607863.2016.115 6048

Gonzalez. PC., Fong. KNK., Brown. T. (2021). Transcranial direct current stimulation as an adjunct to cognitive training for older adults with mild cognitive impairment: A randomized controlled trial. Annals of Physical and Rehabilitation Medicine, 64(5),101536.

https://doi.org/10.1016/j.rehab.2021.101536

Guszkowska. M., Langwald. M., Zaremba. A., Dudziak. D. (2014). The correlates of mental health of well-educated Polish women in the first pregnancy. J Ment Health 2014, 23(6), 328-32.

http://dx.doi.org/10.3109/09638237.2014.971 144

Kingston, D., Janes-Kelley, S., Tyrrell, J., Clark, L., Hamza, D., Holmes, P., ... & Austin, M. P. (2015). An integrated web-based mental health intervention of assessment-referralcare to reduce stress, anxiety, and depression in hospitalized pregnant women with medically high-risk pregnancies: a feasibility study protocol of hospital-based implementation. JMIR research protocols, 4(1), e4037.

https://doi.org/10.2196/resprot.4037

- Littlewood. J.,& Mchugh,N.(1997). Maternal distress and postnatal depression, Houndmills: Mac-Millan Press Ltd.
- Páez Gallego. J., De-Juanas. Oliva Á., García Castilla. FJ., Díaz Santiago. MJ. (2020). A study about social values and psychological well-being in young people: Implications for educational social work. Social Work Education, 39(3),1-16. http://dx.doi.org/10.1080/02615479.2020.179 3935
- Ryff. CD., Dienberg. Love G., Urry. HL., Muller.
 D., Rosenkranz. MA., Friedman. EM.,
 Davidson. RJ., Singer. B. (2006).
 Psychological well-being and ill-being: do they have distinct or mirrored biological correlates? Psychother Psychosom. 75(2), 85-95. https://doi.org/10.1159/000090892
- Saadeh. M., Welmer. AK., Dekhtyar. S., Fratiglioni. L., Calderón-Larrañaga.
 A.(2020).The role of psychological and social well-being on physical function trajectories in older adults. The Journals of Gerontology: Series A, 75(8),1579-1585.
 https://doi.org/10.1093/gerona/glaa114
- Seng. JSD., Andrea. W., Ford. JD. (2014). Complex Mental Health Sequelae of Psychological Trauma Among Women in

Prenatal Care. Psychol Trauma, 6(1), 41-49. https://doi.org/10.1037%2Fa0031467

- Taylor, R. M. Bagby, & J. D. A. (2000), Disorders of affect regulation: alexithymia in medical and psychiatric illness (pp. 26-45). Cambridge, University Press.
- Taylor., G. J & Bagby, M, (2000). An overview of the alexithymia construct. In R. Bar-On & J. D. A, Parker (Eds.), The handbook of emotional intelligence (pp. 263-276). San Francisco, Jossey-Bass.
- Zeidner, M & Endler, N. S, (1996). Handbook of coping: theory, research, application, Willey and Son Publisher.