ALEXITHYMIA, DISGUST AND THE INFERIORITY/ SUPERIORITY COMPLEX: AN EXPLORATORY STUDY

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Summary

Introduction. Alexithymia represents an inability of an individual to recognize their own emotions and those of others, as well as the inability to communicate their emotional states to those surrounding them surroundings. Disgust as a sensation of revulsion springs up as a response to an aversive stimulus that in term manifests motivation to withdraw from that particular stimulus. Out of the feeling of inferiority and utter dependence on parental figures in later life, the person can develop an all-pervasive inferiority complex or overcompensate leading to the development of a superiority complex. Depending on the theoretical framework adopted, all of these constructs can be traced to the very beginning of an individual development.

Aim. It is the aim of the study to explore the relationship between inferiority/superiority complex, alexithymia and disgust.

Method. The sample consisted of 475 participants, 137(28.8%) declared them-

selves as male, with an average age of 20.43 years (min=18; max=26; SD=1.53). The battery of tests included the COM-PIN, SUCOMP, TAS-20, DPSS questionnaires.

Results. The inferiority complex correlates positively with difficulties in identifying feelings ($r=.43$) and difficulties in describing feelings ($r=.47$). It also correlates positively with disgust sensitivity ($r=.25$). Alexithymia explains 25.4% of inferiority complex variance. Superiority complex does not correlate significantly with any of the other measured constructs.

Conclusion. The results suggest the possibility of a developmental connection of inferiority and alexithymia, but the nature of this connection is impossible to discern from the available results. This is also true for disgust and inferiority but to a much lesser degree. Superiority complex develops, according to our results, irrespectively of either the presence of alexithymia or the level of disgust sensitivity.

Key words:

inferiority, superiority, complex, alexithymia, disgust

INTRODUCTION

Alexithymia

Generally speaking, alexithymia represents an inability of an individual to recognize their own emotions and those of others, as well as the inability to communicate their emotional states to those surrounding them^[1]. This deficit can manifest itself on a cognitive and affective level. At the cognitive level, we see a diminished capability to use imagination, the presence of a practical, concrete type of thinking, while on an emotional level, alexithymia manifests itself with a diminished capability of consciously perceiving emotions^[2]. From a psychoanalytical viewpoint alexithymia can be considered as a psychotic defensive structure, more radical than denial^[3].

There have been several attempts to classify alexithymia. Research on this subject resulted in a proposition that alexithymia can be perceived as primary and secondary^[4]. The author describes primary alexithymia as a result of a neurological disorder and secondary alexithymia as a defense mechanism similar to denial. This prompted further research that has shown that alexithymia is more prevalent in individuals that have suffered more than one sexual assault^[1]. There were other attempts to classify alexithymia with regards to personality profiles^[5]. Type one is cold and rational individuals that prefer a quiet and isolated lifestyle. This type is sometimes

connected with schizoid personality disorder. Type two individuals, on the other hand, are irritable and prefer a more active lifestyle and suffer from extreme fear of failure and a feeling of incompetence.

The etiology of alexithymia has been a subject of much debate. There are theorists that will maintain that alexithymia is genetic in origin and therefore should be considered a personality trait^[6]. This twin study has determined that 30 to 33 percent of the variance in alexithymia testing results are explained by genetic factors. Given that it has been postulated that specific environmental factors regulate gene expression it has been postulated that the most likely etiology of alexithymia is based on gene-environment interactions^[7]. It is speculated that contributing factors to the development of alexithymia are insecure patterns of attachment, specifically dismissive and deactivating attachment. The difficulty-identifying-feelings facet of alexithymia has been associated with experiences of physical and/or emotional neglect in childhood^[8]. Dissatisfaction with parental youth in adulthood has been to an extent linked with alexithymia^[9].

Disgust

We could define disgust as a sensation of revulsion springing up as a response to an aversive stimulus that in turn manifests motivation to withdraw

from that particular stimulus^[10]. It may be considered a basic emotion that possess distinct behavioral, cognitive and psychological dimensions and its purpose is to prevent disease and contamination^[11]. The proposed primary function of disgust is to defend an individual from physical and psychological harm caused by contamination. It is also described as an emotional state that in its infancy operates as a safety net for oral defense mechanisms that later evolves and extends into an overarching trait that guides interpersonal relationships, influences the person's moral sense and the social order itself^[12].

We must differentiate disgust sensitivity as measured by elicitor-based instruments and that measured as a trait. Devoid of elicitors, disgust sensitivity (DS) and disgust propensity (DP) have been differentiated as separate constructs with dissimilar associations with related constructs^[13]. In this manner disgust sensitivity can be interpreted as a measure of how inconvenienced a person is by experiencing disgust and disgust propensity can be seen as readiness or the ease with which a person reacts with disgust. The Disgust Propensity and Sensitivity Scale (DPSS) has been developed to measure disgust in such a manner^[13]. Out of its many measured relationship at this point we would like to choose and highlight the relationship between disgust sensitivity, albeit measured by a different scale than the DPSS

that we used in our study, and trait Neuroticism, and that they stand in weak positive correlation^[14], there is also a weak positive correlation between alexithymia and disgust sensitivity and propensity^[9].

From a psychoanalytic point of view disgust is strongly connected with reaction-formation^[15]. This however is not the only interpretation of the emotion. From the stand point of developmental psychoanalysts leave aside the reaction formation paradigm and examine the interpersonal component as a rejection to devaluation and rejection^[16]. It is theorized that disgust is recognized in the faces of parents and other significant figures in early development, since they use it more often than they presume in response to certain behaviors and bodily functions of the child^[15]. Also it is postulated that there is another root to disgust, a social one where facial recognition of disgust in certain social situations later prompts a conditioned response to the same situation. The precise relationship, if any, between development of disgust as proposed by psychoanalysis and the possible parallel formation of an inferiority complex is at present unclear.

Inferiority and superiority complexes

The central most concept of Adlerian individual theory of personality is the feeling of inferiority^[17]. It originates from the very real feeling of total depen-

dence we experience as infants and as children. This perception and the resulting feelings stem from the insight that others in the child's life possess all the power and that struggling against them is ultimately futile. Depending on life circumstances of the child, these experiences can trigger compensational and over-compensational activities. These two complexes, inferiority and superiority can exist in a person at the same time but have different levels of expression. Ultimately the purpose of both types of behavior is to protect the self from the feeling of inferiority and inadequacy. This feeling of inferiority is in constant flux and expresses itself as an evaluation of oneself. As a result of this estimation of oneself the child envisions the compensation owed by life for its feeling of inferiority and in accordance to this it sets its life goals^[18]. Anything in an individual that is considered by their environments as below provoking unfavorable comments results in a feeling of impotence that leads to the possible formation of an inferiority complex^[19]. The basic sense of inferiority developed in early childhood is for Adler the basis for a later neurotic disposition of an individual^[20]. These neurotic tendencies flair up in adolescence and teenage years presenting itself as a psychological obstacle in development resulting in possible acts of aggression and frustration^[19].

When reviewing the possible etiolo-

gies of both alexithymia and disgust we are inevitably drawn to experiences in an early age of individual development. Through the eyes of psychoanalytic theory, specifically Adlers postulations about development of inferiority, we believe that there are overlapping circumstances that contribute to the development of alexithymia, disgust sensitivity and the aforementioned inferiority complex and its other manifestation the superiority complex. It is the aim of this study to determine the relationship of these constructs in an adult population, as a basis for further investigation.

METHOD

The study has been performed on students of various courses ranging from medical sciences, humanities and technical sciences via paper and pencil polling without any incentive, voluntary and in complete anonymity. The sample consisted of 475 participants, 137(28.8%) declared themselves as male, with an average age of 20.43 years (min=18; max=26; SD=1.53). The battery of tests included the following:

COMPIN10 (INF) a shortened 10 item version of the original questionnaire measuring the inferiority complex validated in the Serbian language^[17]. It also showed favorable characteristics in out sample with internal consistency at $\alpha=.9$.

SUCOMP10 (SUP) a shortened ver-

sion of the original questionnaire measuring the superiority complex consisting of 10 items validated in Serbian language^[17]. This questionnaire also demonstrated excellent characteristics with an α value of .86

TAS-20 is the most commonly used questionnaire for determining the level of alexithymia in clinical and general populations, and it has been repeatedly validated in Serbian language^[21,1]. It consists of 20 items combined into 3 factors, Factor 1 (F1) difficulties identifying feelings, Factor 2 (F2) difficulties describing feelings and Factor 3 (F3) externally oriented thinking that has from its inception has low internal consistency. In our study the α values for the said subscales were .8, .78 and .52 respectfully.

DPSS is scale measuring disgust propensity and disgust sensitivity as two separate constructs consisting of a total of 12 items. The scale has been used successfully in Serbian language^[9]. The internal consistency of the subscales borders on the lower end of acceptable values with disgust propensity (DP) having α values of .77 and disgust sensitivity (DS) having N α value of .73.

RESULTS

The levels of the COMPIN questionnaire averaged at 2.17 (min=1; max=4.9; SD=.9) with no gender related significant differences. SUCOMP values had an average of 2.67 (min=1; max=5;

Table 1. Correlations between COMPIN and SUCOMP and other measured constructs.

	COMPIN	SUCOMP
COMPIN	/	-.18**
SUCOMP	-.18**	/
TAS-20 Factor 1	.43**	-.01
TAS-20 Factor 2	.47**	-.02
TAS-20 Factor 3	.02	.01
Disgust propensity	.15**	-.01
Disgust sensitivity	.25**	-.00

** p<.001

SD=.8) with statistically significant higher levels in males (p=.04). Correlations between measured constructs are represented in table 1.

Linear regression analysis has shown that TAS-20 subscales F1, F2 and F3 explain 25.4% of the COMPIN variance (F(df)=53.43(471); p<.001). The β value contribution of F3 was not statistically significant while β value for F1 and F2 was .235 and .325 respectively. It has also shown that DPSS subscales DP and DS explain a negligible 6% of the COMPIN variance (F(df)=15.04(472); p<.001). The β value contribution of DP was not statistically significant while β value for DS was .237.

Linear regression has shown that TAS-20 subscales F1, F2 and F3 do not explain a statistically significant porti-

on of the SUCOMP value variance. The same has been found for the DPSS subscales.

DISCUSSION

Discussing the results of this pilot study is proving to be both difficult and exciting at the same time. First let us examine the relationship of the inferiority complex with other measured constructs. We detect a high correlation between COMPIN and F1 – difficulty identifying feelings and F2 – difficulties describing feelings, that goes up to the levels of .43 and .47 respectively. This finding leads us to believe that in our modern society the inability to effectively communicate with ones surroundings on an emotional level might to an extent be coupled with a feeling of inferiority. Given the fact that the feeling of inferiority stems from the earliest ages of childhood it is difficult to postulate the genesis of this relationship. On one hand, if we are to adopt that genetic predisposition governs the creation of alexithymia and its subsequent levels, we must accept that the child has been in a way hindered by alexithymia from birth and that all of its subsequent development has been burdened by this fact. On the other hand, if a person is not burdened by hereditary alexithymia neglect and abuse in the early stages of development will lead to its emergence. In either case, the child will begin to have difficulties

in identifying and communicating emotions to its surroundings. Indeed as we have stated in this stage of development the child is always dependent on the will of all-powerful giants in its surroundings (Cekrljija, et al., 2018), let us imagine how much more frustrating this dependency is if we impair the child's ability to identify the emotional states of these giants and to describe to them its own emotional state. We can easily imagine a profound sense of vulnerability, isolation and inferiority this could entail.

However, when looking at the lack of significant correlation between F3 and COMPIN we see that this experience has not produced the lack of imagination and depth of thinking usually found in those with heightened levels of alexithymia. Therefore we may postulate mentalizing and imaginary aspects of development are largely preserved, their development has been successfully completed, in individuals that express the inferiority complex in young adulthood.

This leads us to the second possible interpretation of our findings with regard to the development of alexithymia. In what was termed secondary alexithymia and type 2 alexithymic personality we find that most of the negative emotions regarding expression occur in adolescence when the individual is trying to establish its position in the social environment among its peers. It is possible that inferiority preceded the development of alexithymia that was in

this scenario a defense mechanism. On the other hand, we can also postulate that their development went hand in hand, lack of emotion related to skill fueling the sense of inferiority that later reinforces alexithymia traits while leaving the realm of imagination out of the equation. We must insist that inferiority has wider origins since alexithymia explains only 25.4% of its variance.

One link that we could find in the available literature is the fact that the inferiority complex is reported to have strong ties to trait neuroticism^[20] and this is also true for the F1 and F2^[1] but not for F3. Emotional instability might play a bridging role between these phenomenon and further research that will include personality traits may shed light on the problem arising from this study. A great deal of further research and theoretical framework is needed to determine the exact relationship between inferiority and their influence in their respective ethology.

On the other hand, a complete lack of connection between SUCOMP and TAS-20 factors is as much baffling as the above-mentioned results. We can only postulate that by having negative correlations with Neuroticism and positive with Extraversion on one hand^[20] and that the fact that alexithymia displays just the opposite qualities^[1] personality mediates most of the interactions between these two variables and in a way cancels the relationship. On a pra-

ctical level we can posit that overcompensation occurs irrespective of the individual's ability to perceive and articulate one's emotions, those of others and of practically oriented thinking. The lack of negative correlation disproves the idea that emotional astuteness plays a role in forming the sense of superiority in an individual, this is proven also by the results of regression analysis that TAS-20 does not influence SUCOMP variance in any meaningful way. Once again alexithymia is cons crewed as a defence mechanism and we can postulate that in a clinical environment alexithymia and superiority complex do not exactly diverge but are unrelated.

Disgust sensitivity and propensity have also been found to correlate slightly with the inferiority complex but again completely statistically insignificant with the superiority complex. Disgust sensitivity correlates with COMPIN more strongly. The existence of a self-disgust component in the Disgust sensitivity subscale^[22]. As we have said earlier, disgust can be related to interactions with parent in early developmental stages or as a conditioned response during socialization depending on the theoretical framework we adopt. Instruments currently available do not allow us to fully explore the influence of self-disgust on the inferiority complex. This leaves us with the same conundrum that we had in trying to posit an explanation of the relationship between

alexithymia and disgust. Have they developed side by side together from early on or is it a consequence of later unfavorable social interactions. The possibility to postulate any causal link between these concepts is also out of our reach. What we can however say is that the much lower explanation of inferiority variance by disgust, a mere 6%, leads us to believe that, be it developmentally or during later socialization, significantly diverge irrespective of the possibility of similar origins.

Again there are no significant correlations between facets of disgust measured and superiority complex. We are again forced to posit that overcompensation is not in yet detectable way connected with disgust propensity sensitivity or the posited self-disgust. It apparently simply develops and exists irrespective of this construct. Given how deeply rooted the origin of disgust and alexithymia possibly are this begs the question of what exactly can be connected with the origins of overcompensation given that these constructs must be utterly excluded.

Limitations

This study has been performed on a student population, of healthy individuals, further studies should include the general population and the clinical population in order to accentuate the quality of the relationships that we have now detected.

CONCLUSION

In conclusion we have detected a strong correlation between the inability to identify feelings and the inability to describe one's feelings with the inferiority complex, that has given rise to many hypotheses regarding their interplay in human development and warrants much further scrutiny. This can also be said for inferiority and disgust but in a much more subdued way. On the other hand, the complete lack of correlation between the superiority complex, alexithymia and disgust has opened a plethora of questions on its own that need to be addressed in future research.

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None.

CONFLICT OF INTEREST

None.

ALEKSITIMIJA, GAĐENJE I KOMPLEKS INFERIORNOSTI/ SUPERIORNOSTI – ISTRAŽIVAČKA STUDIJA

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Kratak sadržaj

Uvod Aleksitimija predstavlja nemogućnost individue da raspozna sopstvena i tuđa emocionalna stanja, kao i nemogućnost da komunicira svoja emocionalna stanja svojoj okolini. Gađenje predstavlja osećaj odbojnosti koji proističe kao odgovor na averzivne stimuluse i manifestuje se kao motivacija da se povučemo od tog stimulusa. Iz osećaja inferiornosti i potpune zavisnosti od roditeljskih figura u ranom detinjstvu kod osobe se može razviti sve prožimajući kompleks inferiornosti ili nadkompenzacija dovodeći do nastanka kompleksa superiornosti. U zavisnosti od teoretskog okvira koji prihvatimo vezano za etiologiju uzrok nastanka svih navedenih konstrukata se može povezati sa iskustvima na samom početku razvoja individue.

Cilj ovog istraživanja je da istraži postojanje odnosa između inferiornosti/superiornosti, aleksitimije i gađenja.

Metod Uzork se sastojao od 475 učesnika, 137(28.8%) njih se izjasnilo kao muškarci sa prosečnom starošću od 20.43 years (min=18; max=26; SD=1.53). Baterija testova se sastojala od COMPIN, SUCOMP, TAS-20, DPSS upitnika.

Rezultati Kompleks inferiornosti korelira pozitivno sa poteškoćama u identifikaciji osećanja ($r=.43$) i poteškoćama u opisivanju emocija ($r=.47$). Takođe pozitivno korelira i sa gdljivošću

($r=-.25$). Aleksitimija objašnjava 25.4% varijanse kompleksa inferiornosti. Kompleks superiornosti nema nikakve značajne korelacije sa merenim konstruktima.

Zaključak Rezultati sugerišu mogućnost razvojne povezanosti kompleksa inferiornosti i aleksitimije ali prirodu ove konekcije je ne moguće precizno utvrditi na osnovu dostupnih rezultata. Ovo isto važi i za gađenje ali u znatno manjem obimu. Kompleks superiornosti se razvija, prema našim rezultatima, bez ikakve veze sa postojanjem aleksitimije i gadjljivošću individue.

Ključne reči

kompleks, inferiornost, superiornost, aleksitimija, gađenje

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