

Alexithymia and The Complexity of Divorce

Rika Nur Karida¹, Rezza Dwi Ar Rasyid², Fairuz Ridlo³, Ajeng Prisnidiawati⁴, Shinta Maulydiyah Basuki⁵, Pinastikasari Nindhita⁶, Hafid Algristian⁷
Universitas Nahdlatul Ulama Surabaya, Indonesia¹²³⁴⁵⁷
Rumah Sakit Radjiman Wedyodiningrat Lawang, Indonesia⁶
Correspondent: dr.hafid@unusa.ac.id⁷

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ABSTRACT: Divorce is a major psychosocial stressor, particularly for women, and is strongly associated with depression, anxiety, and insomnia. Alexithymia—a personality construct characterized by difficulties in identifying and expressing emotions—may complicate emotional adjustment following divorce. This case report presents a 35-year-old Javanese woman who developed depression, anxiety, and insomnia after divorce, accompanied by alexithymia traits. Data were obtained through psychiatric evaluation, semi-structured interviews, and corroborative information from her psychosocial environment. The patient showed persistent mood swings, sleep disturbance, limited emotional expression, and an externally oriented cognitive style. Her difficulties in emotional processing, combined with sociocultural pressures as a divorced woman, contributed to her psychological burden. This report highlights the need for early screening of alexithymia in divorced women and emphasizes targeted interventions such as emotional awareness training, expressive therapies, and culturally sensitive psychosocial support. Recognition of alexithymia may prevent chronic depression and improve resilience in post-divorce care.

Keywords: Alexithymia, Divorce, Depression, Women, Psychosocial Impact.



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INTRODUCTION

Divorce is a profound life transition that significantly affects emotional, psychological, and social well-being. It is frequently described as one of the most stressful life events, comparable to bereavement, with long-term implications for mental health and social adjustment (Kitson & Morgan, 2020; Leopold, 2018). In most societies, women are disproportionately affected by the consequences of divorce due to gendered caregiving responsibilities, financial dependency, and persistent societal expectations about women's roles as wives and mothers (WHO, 2023). A growing body of evidence indicates that divorced women are at higher risk of developing

depression, anxiety disorders, somatic complaints, and sleep disturbances compared to divorced men (Algristian et al., 2022).

In collectivist societies such as Indonesia, divorce is not only a personal and familial event but also a cultural and social phenomenon with deep repercussions. Women who undergo divorce may experience stigmatization, social marginalization, and decreased opportunities for remarriage or employment. Cultural norms emphasizing harmony, patience, and endurance (such as the Javanese concept of *nrimo*) often discourage emotional expression, thereby compounding the psychological distress experienced by divorced women. Consequently, the intersection of divorce, gender, and cultural expectations presents a unique psychosocial burden, making mental health outcomes in these contexts particularly concerning (Hwang et al., 2025; Wasić et al., 2024).

One factor that has received increasing attention in psychological research is alexithymia, a personality construct characterized by difficulties in identifying and describing emotions and by an externally oriented cognitive style (Taylor et al., 2020). Although not a clinical disorder, alexithymia is considered a transdiagnostic vulnerability factor that can exacerbate psychopathology across various conditions. It has been strongly associated with depression, anxiety, psychosomatic complaints, post-traumatic stress disorder, and substance use disorders (Li et al., 2022). Alexithymic individuals struggle with processing their internal emotional states, often misinterpreting them as physical discomfort, which explains the frequent co-occurrence of alexithymia and somatization (Moriguchi & Komaki, 2017).

Neurobiological studies support this psychological vulnerability, showing altered brain activity in regions associated with affective and social processing in individuals with high levels of alexithymia (Goerlich, 2018). Furthermore, alexithymia impairs interpersonal relationships, as difficulties in recognizing one's own and others' emotions hinder the development of empathy, emotional intimacy, and effective communication (Wells et al., 2016). These deficits become especially relevant in the context of marital dissolution, where effective coping and emotional regulation are crucial for adaptation.

Divorce requires individuals to navigate multiple stressors simultaneously: changes in family structure, parenting roles, economic stability, and social identity. Effective coping demands the ability to recognize, label, and regulate emotions in the midst of conflict and adjustment. However, individuals with alexithymia may fail to engage in these adaptive processes. Instead, they often rely on maladaptive strategies such as avoidance, suppression, or somatization, which intensify psychological distress and prolong recovery.

From a gendered perspective, women face unique risks. Research shows that divorced women are more likely to experience role overload, combining employment with sole caregiving responsibilities, which increases stress levels. Moreover, women in collectivist societies are often held responsible for maintaining family cohesion, and divorce may be interpreted as a failure to fulfill these cultural expectations (Sabban et al., 2020). When combined with alexithymic tendencies, these pressures create a cycle of emotional suppression, unprocessed grief, and heightened vulnerability to depression and anxiety (Hewitt et al., 1996; Park, 2025).

Cross-cultural research also highlights how societal context influences both the prevalence and expression of alexithymia. For instance, in Saudi Arabia, emotional divorce—a state of marital disengagement without legal separation—was significantly correlated with alexithymia in women (Hade, 2023b). In contrast, Western societies with greater acceptance of divorce and wider access to psychosocial services demonstrate somewhat reduced psychological impact, although divorce remains a risk factor for mood and anxiety disorders (Kitson & Morgan, 2020). This suggests that alexithymia interacts with cultural frameworks, where emotional suppression is socially reinforced, thereby amplifying its impact on mental health.

The intersection between alexithymia and divorce has profound implications for clinical practice. Screening for alexithymia in divorced individuals, especially women, may identify those at heightened risk for chronic depression, anxiety, or somatic disorders (Ibrahim et al., 2019). The Toronto Alexithymia Scale (TAS-20), validated across cultures, provides a reliable method for such assessments (Taylor et al., 2020). Furthermore, emerging interventions such as emotional awareness training, mindfulness-based approaches, and expressive therapies have shown potential in reducing alexithymia and associated distress (Diana et al., 2022). Digital interventions, such as mobile apps for emotion regulation, may also represent promising, accessible tools for low-resource contexts (Zhou et al., 2022).

Despite the growing evidence base, research on alexithymia in post-divorce populations remains limited, particularly in non-Western societies. Few studies have explored how cultural norms of emotional suppression interact with alexithymia to influence post-divorce adjustment. Moreover, the majority of studies are cross-sectional, leaving open questions about the longitudinal trajectory of psychological outcomes in divorced women with alexithymic traits. Addressing these gaps is critical for developing culturally sensitive interventions that account for both individual vulnerabilities and societal pressures.

Therefore, the present case report seeks to contribute to this growing field by describing the clinical presentation of a divorced Javanese woman with alexithymia traits and by discussing the cultural, gendered, and clinical implications of this intersection. By situating the case within a collectivist cultural framework, this study emphasizes the importance of understanding alexithymia not only as an individual vulnerability but also as a construct shaped and reinforced by cultural expectations. Recognition of this complexity may inform more effective, culturally sensitive approaches to post-divorce care for women at risk of psychological distress.

METHOD

Design

This study is a descriptive case report focusing on a single patient experiencing psychological complications after divorce.

Subject

The subject was a 35-year-old Javanese woman diagnosed with depression, anxiety, and insomnia following marital dissolution (Amer et al., 2024; Hamilton, 1960). She had custody of her children but received no financial support from her ex-husband.

Instruments

- Psychiatric Evaluation: Conducted according to the Indonesian PPDGJ-III criteria (Health, 2000).
- Alexithymia Assessment: Based on clinical observation and corroborative history. Standardized tools such as the 20-item Toronto Alexithymia Scale (TAS-20) were not available during assessment, which is a limitation of this report.
- Interviews: Semi-structured clinical interviews were conducted to explore psychosocial context and emotional functioning.

Procedure

Data were collected through multiple psychiatric consultations over a three-month period. Collateral information was obtained from close family members regarding the patient's functioning and coping strategies.

Data Analysis

Findings were thematically analyzed, with emphasis on the interplay between alexithymia, cultural context, and post-divorce psychological adjustment.

RESULT AND DISCUSSION

Clinical Presentation

The patient was a 35-year-old Javanese woman who presented to psychiatric services with complaints of persistent low mood, anxiety, irritability, and insomnia that had persisted for

approximately three years following her divorce. She described frequent episodes of sadness, a sense of hopelessness, and recurrent worries about her financial situation and her children's future. These symptoms were accompanied by chronic fatigue, difficulty concentrating, and reduced interest in social interaction. She also reported recurrent somatic complaints, particularly epigastric pain, headaches, and generalized muscle tension, which intensified during periods of emotional stress.

Marital and Divorce History

The patient had been married for nearly ten years before separating from her husband. According to her report, the marriage was characterized by frequent conflicts, lack of emotional intimacy, and limited communication. Her husband eventually initiated divorce proceedings, leaving the patient with sole custody of their two children, aged 8 and 10. Following the divorce, she did not receive consistent financial support from her ex-husband, which created significant economic stress. These circumstances intensified her psychological burden, forcing her to combine employment with full-time caregiving responsibilities.

The divorce was not only a personal transition but also a socially stigmatizing event. Within her community, divorced women were often viewed negatively, and she reported experiencing judgmental comments from neighbors and relatives. This social stigma discouraged her from openly sharing her struggles, reinforcing emotional suppression and social withdrawal.

Psychiatric Evaluation

Psychiatric assessment indicated symptoms consistent with major depressive disorder and generalized anxiety disorder according to the Indonesian diagnostic system (PPDGJ-III, Ministry of Health, 2000). The patient's insomnia was particularly severe, with difficulty initiating and maintaining sleep, frequent nocturnal awakenings, and non-restorative sleep. She also reported vivid dreams related to her marital conflicts, which further disturbed her rest.

Cognitive functioning was intact, but she exhibited slowed thought processes and impaired concentration. No psychotic symptoms were present. Suicidal ideation was denied, although she admitted experiencing feelings of worthlessness and passive wishes of "not wanting to wake up." These findings are consistent with previous studies linking divorce to heightened risks of depression, anxiety, and suicidal thoughts, particularly among women (Heim & Binder, 2012; Zakhour et al., 2021).

Emotional and Cognitive Characteristics

During interviews, the patient displayed marked difficulty in identifying and articulating her emotions. When asked about her mood, she often responded with vague descriptions such as

“uncomfortable” or “not good” rather than specific emotional labels. She struggled to connect her physical complaints with possible emotional triggers, a pattern characteristic of alexithymia (Taylor et al., 2020). Her verbal expression was limited, and she often described external events rather than her internal states, reflecting an externally oriented cognitive style.

Collateral information from her sister corroborated these observations, noting that the patient had always been “quiet about her feelings” and tended to endure hardships silently. Such traits were further reinforced by cultural norms of *nyimo*—acceptance and silent endurance—that discouraged emotional disclosure. This aligns with recent findings that collectivist cultural expectations may reinforce alexithymic tendencies (Andricha et al., 2025; Hade, 2023a).

Psychosocial Functioning

The patient’s psychosocial functioning was significantly impaired. She had reduced contact with friends and community members due to shame associated with her divorced status. She reported feeling isolated and unsupported, despite living near extended family. Her role as sole caregiver created high levels of stress, particularly because her work as a small trader provided only minimal income. Financial instability was a persistent source of anxiety.

Social stigma compounded her difficulties. Within her community, divorced women were sometimes seen as “failures” or even “threats” to marital stability of others. These perceptions heightened her sense of alienation and reduced her willingness to seek help from peers or religious groups. Such experiences are consistent with studies documenting the impact of stigma on divorced women in collectivist societies (Sabban, 2020).

Timeline and Course of Illness

The patient reported that her symptoms began shortly after her divorce but intensified over the following months. Initially, she attempted to manage by focusing on work and her children, but she gradually became overwhelmed by her responsibilities. Sleep disturbance emerged early and persisted, contributing to daytime fatigue and irritability. Despite escalating symptoms, she delayed seeking psychiatric treatment for nearly three years, reflecting a pattern of avoidance and minimization common in individuals with alexithymia (Li et al., 2022).

Her eventual decision to seek help occurred when her functioning was severely compromised: she could no longer manage household responsibilities effectively, her children noticed her frequent irritability, and she feared her health was deteriorating.

Main Findings and Case Relevance

This case illustrates several key findings:

1. **Emotional processing deficits:** The patient's alexithymia was evident in her difficulty labeling emotions and reliance on somatic descriptions. These traits amplified her vulnerability to depression, anxiety, and somatic symptoms, echoing prior research (Panayiotou et al., 2021; Goerlich, 2018).
2. **Cultural reinforcement of suppression:** Javanese cultural norms of endurance (*nrimo*) interacted with her alexithymic tendencies, discouraging help-seeking and emotional disclosure. Similar interactions between culture and alexithymia have been observed in Saudi Arabia and other collectivist contexts (Hade, 2023b).
3. **Gendered burdens of divorce:** As a divorced woman, she faced disproportionate caregiving responsibilities, financial instability, and stigma, which exacerbated her psychological distress (Amato, 2022).
4. **Delayed help-seeking:** Consistent with prior findings, individuals with alexithymia often present late to mental health services, typically reporting physical rather than emotional complaints (Scarpazza et al., 2020).

Overall, the results of this case emphasize how alexithymia, cultural norms, and gendered social roles interact to shape post-divorce adjustment. The findings underscore the importance of early identification of alexithymia and culturally sensitive interventions to mitigate long-term psychological consequences.

This case highlights the multifaceted role of alexithymia in complicating psychological adjustment following divorce, particularly within collectivist cultural contexts such as Indonesia. The patient's difficulties in identifying and verbalizing emotions, combined with societal stigma against divorced women, contributed to her chronic depression, anxiety, insomnia, and somatic complaints (Hewitt & Flett, 1991; Organization, 2022). A broader discussion of the literature underscores how alexithymia interacts with gender, cultural norms, and psychosocial stressors to exacerbate post-divorce distress, as well as how targeted interventions may improve outcomes.

Alexithymia as a Transdiagnostic Vulnerability

Alexithymia has been conceptualized as a transdiagnostic construct that increases vulnerability across psychiatric and psychosomatic disorders (Taylor et al., 2020). Recent meta-analyses confirm robust associations between alexithymia and depression, anxiety, somatization, and sleep disorders (Li et al., 2022; Panayiotou et al., 2021). The patient's persistent insomnia and somatic complaints, particularly epigastric pain, are consistent with evidence that alexithymic individuals often misinterpret emotional arousal as physical symptoms (Moriguchi & Komaki, 2017; Goerlich, 2018). This misattribution may delay help-seeking, as patients present to primary care with physical symptoms rather than psychological complaints (Scarpazza et al., 2020).

Moreover, alexithymia impairs emotion regulation. Individuals with high alexithymia scores typically rely on maladaptive coping strategies such as avoidance, rumination, and suppression (Preece et al., 2020). These strategies not only fail to resolve distress but also increase the risk of chronic depression and anxiety (Sareen, 2016; Shen et al., 2023). In the present case, the patient's tendency to suppress emotions aligned with cultural norms of endurance (*nrimo*), yet this coping style perpetuated her psychological burden.

Gendered Dimensions of Divorce

Gender is a critical determinant in post-divorce adjustment. Research consistently shows that women experience greater financial, caregiving, and social challenges than men following marital dissolution (Leopold, 2018; Hade, 2023a). Women often assume sole custody of children, as in the present case, which adds to their stress load. Furthermore, divorced women in collectivist societies may face heightened stigma, being perceived as socially deviant or personally responsible for the failed marriage (Andricha et al., 2025).

Recent studies confirm that gendered expectations amplify the psychological impact of divorce. A cross-national survey indicated that divorced women reported significantly higher rates of depression and anxiety compared to divorced men, even after controlling for socioeconomic variables (Chai et al., 2020; Faisal et al., 2022; Franco et al., 2024) (Amato, 2022). The double burden of economic insecurity and cultural disapproval makes women particularly vulnerable. When compounded by alexithymia, which limits emotional expression and adaptive coping, this vulnerability may manifest in severe and persistent psychological distress.

Cultural Context: Collectivism and Emotional Suppression

Cultural frameworks significantly influence how individuals experience and cope with divorce. In collectivist cultures, maintaining family reputation and social harmony often takes precedence over individual well-being. Emotional expression, particularly of negative emotions, may be discouraged, fostering a tendency toward suppression (Sabban, 2020). For women, divorce represents not only a personal loss but also a cultural transgression that challenges established gender norms.

Recent qualitative studies in Asia and the Middle East show that divorced women often refrain from seeking psychological support due to fear of judgment and gossip within their communities (Hade, 2023b; Andricha et al., 2025). This aligns with the present case, in which cultural expectations of silent endurance discouraged the patient from seeking timely psychiatric help. Furthermore, cultural reinforcement of suppression may exacerbate alexithymic tendencies, creating a feedback loop between individual predispositions and societal expectations.

Comparatively, in Western societies where divorce is more normalized, individuals benefit from broader access to social support networks and therapeutic resources. Although divorce remains a

significant stressor, social acceptance mitigates some of its psychological consequences (Kitson & Morgan, 2020). These cultural differences underscore the importance of contextualizing alexithymia within broader societal norms when considering interventions.

Intersections of Alexithymia and Divorce Outcomes

The interplay between alexithymia and divorce outcomes is complex. Divorce demands emotional processing of loss, conflict, and transition, yet alexithymic individuals lack the necessary skills for such processing. Instead, they may somatize distress or engage in maladaptive coping. Longitudinal studies suggest that alexithymia not only predicts poorer initial adjustment but also prolongs recovery, with higher risks of chronic depression and psychosomatic illness (Panayiotou et al., 2021; Li et al., 2022).

In the current case, the patient's delayed help-seeking illustrates how alexithymia hinders recognition of psychological distress. Without the ability to label her emotions, she underestimated the severity of her symptoms until daily functioning was significantly impaired. This trajectory underscores the need for early screening of alexithymia in divorced individuals, especially in cultural settings where emotional expression is stigmatized.

Clinical Implications

The clinical implications of this case are multifaceted. First, routine screening for alexithymia should be incorporated into post-divorce care. The Toronto Alexithymia Scale (TAS-20) has demonstrated strong reliability across diverse populations and is a practical tool for clinical settings (Taylor et al., 2020). Identifying alexithymia can inform tailored interventions that address both emotional processing deficits and the psychosocial stressors of divorce.

Second, interventions should target emotion recognition and expression. Cognitive-behavioral therapy (CBT), mindfulness-based approaches, and emotional awareness training have shown effectiveness in reducing alexithymia and improving psychological outcomes (Pinna et al., 2020). Expressive therapies, including art, music, and narrative therapy, are particularly suitable for patients with limited verbal emotional skills. These approaches provide alternative channels for emotional processing and have been shown to decrease depressive and somatic symptoms (Panayiotou et al., 2021).

Third, culturally sensitive approaches are essential. Group-based interventions for divorced women may provide safe spaces to share experiences and counteract stigma. Community-based support networks, when adapted to cultural norms, can foster resilience and reduce isolation (Zhou et al., 2022). Integrating psychoeducation into community and religious institutions may further normalize help-seeking behavior.

Finally, digital mental health tools represent a promising avenue, especially in low-resource contexts. Mobile applications that teach emotional literacy, mindfulness, or CBT skills have been validated in recent trials as effective adjuncts for reducing alexithymia and depressive symptoms (Abella et al., 2017). For divorced women with limited access to traditional therapy, digital interventions may provide scalable, confidential, and culturally adaptable support.

Limitations and Future Directions

Although this case provides valuable insights, its limitations must be acknowledged. The absence of standardized psychometric tools such as TAS-20 limits the generalizability of findings. Future research should employ validated measures to strengthen clinical observations. Additionally, most existing studies are cross-sectional, making it difficult to establish causal relationships between alexithymia, divorce, and mental health outcomes. Longitudinal studies are needed to clarify these dynamics and identify protective factors.

Future research should also explore culturally adapted interventions. For instance, narrative therapy that incorporates local cultural idioms may be more effective than Western-derived models. Furthermore, integrating digital interventions with community-based support could offer a hybrid approach that maximizes accessibility and cultural fit.

Synthesis and Contribution

In summary, this case illustrates how alexithymia acts as a magnifier of post-divorce distress within a collectivist cultural framework. Difficulties in emotional processing interacted with cultural norms of suppression and gendered burdens, producing severe and chronic psychological outcomes. This aligns with recent evidence highlighting alexithymia as a transdiagnostic vulnerability factor and underscores the need for culturally sensitive interventions (Ataya, 2021).

Clinically, the findings suggest that early recognition of alexithymia, combined with targeted therapies and culturally grounded support systems, may prevent chronic psychopathology in divorced women (Ikawati & Anurogo, 2018). By situating alexithymia within both psychological and sociocultural frameworks, this report contributes to a nuanced understanding of post-divorce adjustment and highlights directions for future research and practice.

CONCLUSION

This case highlights the role of alexithymia in complicating post-divorce adjustment among women in collectivist cultural settings. The patient's emotional suppression and difficulty articulating feelings intensified her depression and anxiety (Prameswari et al., 2024; Sar et al., 2017). Clinically, early recognition and targeted interventions addressing alexithymia may improve resilience in

women experiencing marital dissolution. This report contributes to the growing literature by contextualizing alexithymia within sociocultural frameworks and suggesting culturally sensitive therapeutic approaches.

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