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Comparison of Alexithymia and conscious emotion (shame and guilt) in women with major depressive disorder and normal women

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Abstract

The present study aimed to compare Alexithymia and unconscious emotions in women with major depressive disorder and normal women. The design of the current research was a causal-comparative description. The current study's statistical population was comprised of all women with major depressive disorder and normal women in Shiraz city in 2017. From the statistical population, 70 women with major depressive disorder and 70 normal women were selected by the method available were selected and studied. Tangney's (1992) and Toronto's Alexithymia (1986) questionnaires were administered to each subject. After collecting and extracting the data, the participants' scores were analyzed using multivariate analysis of variance. The results of multivariate variance analysis showed a significant difference between conscious emotion and Alexithymia in women with major depressive disorder and normal women.

Keywords: *Alexithymia conscious emotion major depressive disorder.*

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Introduction

Major depressive disorder includes symptoms dominated by depressed mood and are shown based on the verbal and non-verbal expression of sad emotions, anxiety, and arousal states. One of the most important mood disorders is unipolar and bipolar depression. The fundamental difference between unipolar and bipolar disorder is that unipolar disorder is characterized only by a depressed mood. When unipolar mood disorder is severe and debilitating, it causes impairment in the person's performance and activity (Bashart, 2008).

Another factor that affects a person's behavior and understanding of the world is Alexithymia. The inability to cognitively process emotional information and regulate emotions is called Alexithymia. Alexithymia is a multifaceted construct consisting of difficulty identifying emotions, distinguishing between emotions and bodily stimuli related to emotional arousal, limited visualization power, and difficulty describing emotions (Taylor & Bagby, 2000). Evidence shows that Alexithymia and difficulty in identifying and expressing emotions are related to many physical health problems, such as inflammatory bowel disease, chronic back pain, bodily pain disorder, and tension headaches.

On the other hand, people with the major depressive disorder may face feelings of shame and guilt. Feelings of guilt and feeling of shame are usually considered similar emotions. However, despite all the similarities, these two are undoubtedly different (Tangney, Stevig, and Musk, 2007). Currently, there are two models regarding the difference between guilt and shame: the model of differentiation between self and behavior and the model of differentiation between public and private (Cohen, Wolff,

Panther, and Insko, 2011). According to the first model, guilt is focused on the person's behavior (I did something bad), while shame is focused on the person himself (I am a bad person). From this point of view, guilt occurs when a person has internal, unstable, and specific attributions about actions, which lead to negative feelings about the specific behaviors committed (Lewis & Robbins, 2004). On the other hand, shame occurs when a person has internalized, stable, and public attributions about themselves, which lead to negative feelings about the public self (Tracy & Robbins, 2004).

According to the second model, the difference between guilt and shame is based on the distinction between public and private. According to this distinction, errors or failures that are not made public (i.e., personal and confidential errors) can evoke feelings of guilt, while mistakes or failures that occur in public may call for feelings of shame (Koen et al., 2011).

Clinical literature and empirical research show that people who experience much shame about themselves are more vulnerable to various psychological problems. Therefore, according to the stated content, the present research question will be: Is there a significant difference between Alexithymia and conscious emotion (shame and guilt) in women with major depressive disorder and normal women?

Method

The current research is descriptive-causal-comparative in terms of practical purpose and research design. The present study's statistical population comprised all women with major depressive disorder and normal women in Shiraz city in 2017. The sampling method in the group of women suffering from major depressive disorder among women referred to medical centers in Shiraz

city for treatment of depression was done by purposive sampling method. The available sampling method was also used in the group of normal women. Finally, 140 people (70 women with major depressive disorder and 70 normal women) formed the present study sample.

Materials

1. Toronto Alexithymia Scale TAS-20.

This scale was developed by Taylor in (1986) and revised by Bagby, Parker, and Taylor in 1994. In this scale, the structure of Alexithymia is evaluated in three subscales: difficulty recognizing emotions, difficulty describing emotions, and externally oriented thinking. The first subscale evaluates the subject's ability to identify and distinguish between emotions and physical sensations. The second subscale measures a person's ability to express feelings and whether he can express his feelings in words. The third subscale examines the degree of introspection and deepening of the person's inner feelings and those of others. The method of scoring the test is based on the Likert scale (1=completely disagree to 5=completely agree). The minimum score of the subject in this questionnaire is 20 and the maximum score is 100. A score between 20 and 40: the person's problem in expressing and recognizing emotions is low. A score between 40 and 60: the person's difficulty in expressing and recognizing emotions is average. A score above 60: the person has a lot of difficulty in expressing and recognizing emotions.

2. Conscious emotion test (TOSCA-2). The conscious emotion test, Tangney (1992), is a paper-pencil self-measurement tool that presents 16 circumstances (scenarios) of everyday life conditions for the subject. The respondents rate their emotional, emotional, and behavioral responses and the probability

of their response to them. 11 of its circumstances have a positive social value, and 5 have a negative value. Scoring is on a 5-point Likert scale (1 to 5). The reliability of the questionnaire was confirmed by Cronbach's alpha method.

Findings

The average of Alexithymia and its dimensions (total Alexithymia, difficulty in recognizing emotions, difficulty in describing emotions, externally oriented thinking) in women with a major depressive disorder are higher than normal women.

The average conscious emotion and its dimensions (total conscious emotion, shame, guilt) in women with major depressive disorder are higher than normal women. The results of tests of Pillai's effect, Wilks' lambda, Hetling effect and the largest zinc root show that there is a significant difference between the two groups (women with major depressive disorder and normal women) in Alexithymia and its dimensions. ($P > 0.05 = 0.000$ and $(53.044) = (3 \text{ and } 116) F$).

The analysis of each dependent variable (total Alexithymia, difficulty in recognizing emotions, difficulty in describing emotions, thinking with an external orientation), using Ben Feroni's measured alpha (0.012), showed; that Alexithymia and its dimensions are higher in women with major depressive disorder.

The results of Pillai's effect, Wilks's lambda, Hetling effect, and the largest root mean test show a significant difference between the two groups (women with major depressive disorder and normal women) in conscious emotion and its dimensions. $\{ 0.000 = 0.05 > P \text{ and } (493 / 48) = (2 \text{ and } 117) F \}$.

Analysis of each dependent variable (total conscious emotion, shame, guilt) using Ben Feroni's alpha (0.016) showed that conscious

emotion and its dimensions are higher in women with major depressive disorder.

Discussion

The present study aimed to compare Alexithymia and conscious emotion (shame and guilt) in women with major depressive disorder and normal women.

Analysis of each dependent variable using Benferroni's alpha (0.012) showed that Alexithymia and its dimensions are higher in women with major depressive disorder. Moreover, the analysis of each dependent variable (total conscious emotion, shame, guilt) using the measured alpha showed a significant difference in total conscious emotion, then shame and then guilt in two groups of women with basic personality disorder and normal women. That is, conscious emotion and its dimensions (shame and guilt) are higher in women with major depressive disorder.

People with Alexithymia have difficulty in correctly identifying emotions from the faces of others and their capacity to empathize with the emotional states of others is limited, and these findings show that the difficulty in establishing an emotional relationship, which is one of the main characteristics of Alexithymia, can facilitate people's depression. Identifying and expressing emotions is one of the skills of life. When people cannot express their problems and meet their needs, this inability sometimes manifests as physical symptoms or psychotic symptoms in people with major depressive disorder.

People with major depressive disorder cannot express emotions due to their inability to recognize emotions. It is not that these people never feel, but they cannot know their feelings precisely, and therefore they cannot express them. In any case, when a person cannot identify his negative emotions

correctly, he has difficulty emptying and neutralizing his emotions. Due to the inability to manage and regulate negative emotions, these problematic and debilitating emotions are intensified. Expressing emotions is one of the skills of life and when people with major depressive disorder cannot express their problems and meet their needs, this inability is sometimes shown in the form of physical symptoms or symptoms of psychosis.

The acceptance of emotions, such as shame and guilt, as legitimate and accessible subjects for research is new. Shame and guilt are both negative and uncomfortable emotions and are usually related. They are also created by self-evaluative judgments, where we judge ourselves and our work according to internal standards. Shame involves a persistent and general negative feeling about the self, while guilt involves negative feelings about a specific behavior that the self has performed.

Conscious emotion in people with major depressive disorder where shame includes a negative feeling in relation to their stable and general self, while guilt includes negative feelings about a specific behavior that the "self" has performed. Thus, the theoretical concept, internal, stable, uncontrollable and general attributions ("Am I childish?") leads to feelings of shame in them. In contrast, internal, controllable, and specific attributions ("I didn't try hard enough") evoke feelings of guilt. In support of this distinction, because people with major depressive disorder attribute their poor performance to their ability (an internal, stable and uncontrollable factor), they are more likely to feel shame. This is because they are likelier to feel guilty if they attribute their poor performance to their effort (an internal, unstable, and controllable factor).

And especially women feel more responsible or sometimes guilty due to their personality structure.

As it was determined from the results of this research that women with a major depressive disorder are weak in identifying and expressing emotions, it is suggested that psychologists and counselors use problem-oriented techniques to reduce depression and increase acceptance in the treatment of these patients. Also, it is possible to provide group counseling related to emotional intelligence training for people with major depressive disorder.

Ethics

In this research, ethical standards including obtaining informed consent, ensuring privacy and confidentiality were observed.

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Conflict of Interest

According to the authors, this article has no financial sponsor or conflict of interest.

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