



ANHEDONIA AND EMOTIONAL REGULATION

Aurélie Pasquier, Vincent Bréjard, Agnès Bonnet, Jean-Louis Pardinielli

► To cite this version:

Aurélie Pasquier, Vincent Bréjard, Agnès Bonnet, Jean-Louis Pardinielli. ANHEDONIA AND EMOTIONAL REGULATION. Conference on the (non)Expression of Emotions and Health and Disease , Oct 2011, Tilburg, Netherlands. 2011. hal-01762164

HAL Id: hal-01762164

<https://amu.hal.science/hal-01762164>

Submitted on 9 Apr 2018

HAL is a multi-disciplinary open access archive for the deposit and dissemination of scientific research documents, whether they are published or not. The documents may come from teaching and research institutions in France or abroad, or from public or private research centers.

L'archive ouverte pluridisciplinaire **HAL**, est destinée au dépôt et à la diffusion de documents scientifiques de niveau recherche, publiés ou non, émanant des établissements d'enseignement et de recherche français ou étrangers, des laboratoires publics ou privés.

ANHEDONIA AND EMOTIONAL REGULATION

Aurélie Pasquier (MCF in Clinical Psychology, aureliepasquier@free.fr),
Vincent Bréjard (MCF in Clinical Psychology), **Agnès Bonnet** (MCF in Clinical Psychology),
Jean-Louis Pedinielli (Pr. of Psychopathology)
Aix-Marseille University, Laboratory of Clinical Psychopathology (EA3278)

BACKGROUND

Anhedonia is the loss of subjective ability to experience pleasure.
It is considered a key symptom of major depressive episode (DSM-IV-TR). Studies have shown
relationship between alexithymia, anhedonia and depression (Prince & al., 1993).
Alexithymia is usually defined as difficulty identifying and verbalizing emotions.

OBJECTIVE & HYPOTHESES

In this research, the objective is to propose a
dynamic model of cognitive-emotional
functioning of anhedonic subjects.

We hypothesize that levels of emotional
awareness (Lane & Schwartz, 1991) and
social sharing of emotions (Rimé, 2005),
emotional components of the concept of
alexithymia, are vulnerability factors of
anhedonia depressive symptom.

METHODOLOGY

- Sample : 60 W/M (7/53)
M age 43.21 years, SD=11.32
Patients consulting in general
practice
- Self-assessment scales:
 - HAD (Zigmond & al., 1983)
 - LEAS (Lane & al., 1990)
 - PSE (Rimé, 1995)
 - AIM (Larsen, 1984)
 - EE (Kring & al., 1994)
- Multivariate analysis of variance

RESULTS

Anhedonia					
Explanatory Var.	β	t	p	R^2	$F= 4,154$
LEAS	.112	2,591	.0123	.278	$p=.002$
E Intensity -	.132	1,802	.0771	All these variables explain 28% of the total variance of anhedonia	
E Express.	-.037	-1,260	.2132		
Inhibition PSE	.546	2,104	.0400		
Persistence PSE	-.079	-0,164	.8706		

Emotional Awareness (ability to identify emotions and those
of others), Inhibition of Social Sharing (stop talking about
her experiences) and Negative Emotional Intensity have a
significant influence on anhedonia. The effects of these
three variables suggests that they are factors keeping this
symptom. Conversely, Emotional Expressivity (externalize
their emotions through various channels of expression) and
verbal emotional sharing are protective factors.

CONCLUSION

Most studies describe alexithymia as an emotional déficit, risk factor for psychiatric disorders
(Speranza & al., 2005). In subjects of our study, is the lack of verbalization of emotions, despite the
presence of identification capacity of the subjective experience, which is a vulnerability factor of
anhedonia. Consciousness of own emotions and those of others could be seen as « an excess of
empathy », an inhibitor of a social emotional regulation.

These data are relevant for therapeutic management of these patients.