Cultural Obstacles in Emotion Expression among Patients with Somatic Symptom Disorder (SSD) in an Iranian Sample: A Qualitative Study

Alaleh Vaziri[1] (MSc), Maryam Esmaeilinasab[1] (PhD), Mostafa Hamdieh[2] (M.D), Hojjatollah Farahani[1] (PhD)

1. Department of Psychology, Faculty of Humanities, Tarbiat Modares University, Tehran, Iran
2. Department of Psychiatry, Shahid Beheshti University of Medical Sciences, Tehran, Iran

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Corresponding Author:
Maryam Esmaeilinasab,
Department of Psychology,
Faculty of Humanities,
Tarbiat Modares University,
Tehran,
Iran
E-mail: esmaeilinasab@modares.ac.ir

Abstract

Introduction: Numerous studies have indicated the role of unexpressed emotions in Somatic Symptoms Disorder (SSD). There are also many studies demonstrating a high prevalence rate of SSD in Iran. Literature suggests that due to cultural issues in Iran, it is difficult directly expressing emotions. Therefore, the issue of emotion expression contributes to a high prevalence of SSD in Iran. To address this issue, the aim of this study was to discover cultural obstacles in emotional expression among patients with SSD in an Iranian sample.
Method: A qualitative conventional content analysis was conducted on the data collected from 17 individual in depth interviews with SSD patients, and mental health professionals who were recruited throughout a purposive and theoretical sampling. The sample was derived from the statistical population of SSD patients who were referred to mental health professionals at therapeutic centers in Tehran, Iran.
Results: Three themes were emerged as the obstacles of emotion expression in SSD patients in the context of the Iranian culture: 1) Overgenderizing emotions 2) Internalized ban of expressing emotions towards parents and other authorities 3) Difficulties with expressing positive emotions.
Conclusion: It seems that SSD patients in Iran have difficulties directly expressing their emotions, regarding the four aforementioned cultural barriers identified in this study.

Keywords: Somatic Symptom Disorder, Emotion, Iranian Culture

Introduction

"Idiopathic" physical symptoms that are assumed to have psychological origins have always mystified health care establishment [1]. These symptoms have been reported in almost all cultural groups and have been well documented internationally. However, the manifestation of these symptoms and also their prevalence are different across cultures [2]. Differences across cultures certainly influence the presentation, recognition, and management of somatic presentations [3]. Generally, somatic symptoms appear to be more common among patients from developing countries, and, in the United States, those from particular ethnic groups. Variations in symptom presentation are probably the result of the interaction of several factors within cultural contexts that influence how individuals identify bodily sensations, perceive illness, and pursue medical care [1].

Psychiatric disorders are highly stigmatized in some cultures, such as the Chinese culture in which psychiatric symptoms are usually stigmatized, and somatic symptoms are accepted more than direct manifestation of emotional symptoms. In depressed, Chinese American patients, researchers found that the most common complaints were fatigue, insomnia, headache, cough, and pain [4]. In Latin American countries, there is a culture bound

syndrome calling "Ataque de nervios" translated to English as "attack of nerves". This syndrome is believed to be basically psychological, but manifested through bodily symptoms as uncontrollable screaming, trembling and sensations of heat rising in the chest and head [3].

On this regard, it is commonly believed that Iranians tend to express their emotions throughout the somatization [5]. Another study found that the somatic symptoms reported by Iranian patients, including "heart aches," "weak nerves," body pain, digestive problems, and lack of strength were psychosomatic equivalents of depression and anxiety [6].

Another study performed by Firoozabadi et al. on symptom profiles in psychiatric patients, indicated that pain, insomnia and hypochondriac ideation are among the most prevalent somatic symptoms in Iran [7].

Several diagnostic terms in previous editions of *Diagnostic and Statistical Manual of Mental Disorders* (DSM), have been applied to refer to the phenomenon of somatizing psychological issues, terms such as: somatization, hypochondriasis, somatoform disorders and pain disorder. In the fifth edition of the DSM, the overarching diagnostic term of 'Somatic Symptom Disorder' replace many other previous mentioned, diagnostic terms, in previous editions of DSM. The reason for the change was to promote accurate diagnosis and holistic care. Since the disorder is one of the major issues in health care [8].

As mentioned above, SSD has a wide range and depends on cultural factors [9]. One of the cultural factors that are related to SSD are emotion related factors. For instance, the relation between SSD and suppressed or unexpressed emotions, and somatic symptom manifestation or somatization, have been demonstrated in many studies [10-12]. In addition, some other studies about emotion expression in the context of the Iranian culture, indicate that Iranians are not really expressive emotionally and direct expressions of emotions is not encouraged in the Iranian culture [5-6]. Instead, it is commonly believed that Iranians tend to express feelings of distress through physical symptoms and those bodily symptoms are equivalent to anxiety and depression [13-15]. Likewise, there are other studies which indicate that SSD is highly prevalent between Iranian people [16-18].

Regarding the role of emotion expression in SSD in one hand, and also the prevalence of SSD in Iran on the other hand, it seems that there might be cultural barriers in expressing emotions in Iranian population that may facilitate somatic symptom manifestations instead of verbal expression of emotions [11, 15]. Other previous mentioned studies indicated that there are cultural factors regarding emotion expression, which may contribute in to the high prevalence rate of SSD in Iran. This is while no study has aimed to discover the cultural obstacles of emotion regulation in Iran yet, thus, it seems that there is a study gap. Considering this gap, the aim of this study was to discover the cultural obstacles of emotion expression in SSD patients in the context of the Iranian society.

Method

A qualitative conventional content analysis was performed in this study. Data were collected using individual in depth interviews. The statistical population involved SSD patients who were referred to mental health professionals at therapeutic centers in Tehran, Iran, in 2018. A purposive sample of 17 participants was recruited. The sample consisted of 8 patients as well as 9 mental health professionals. The characteristics of the sample have been described below.

The mental health professionals included 4 psychologists and 5 psychiatrists. Most of the psychiatrists had been educated at a fellowship level in psychosomatic medicine. Specialists were asked to describe their clinical judgment about patients' emotional life, also about their experiences about the barriers that SSD patients might face when willing to express their emotions. The more number of mental health professionals compared to the patients included in the sample, was due to the fact that based on their clinical experiences with a substantial number of SSD patients, mental health professionals might be more capable of identifying patterns in emotion expression in these patients which was in accordance to the aim of this study.

Eight patients (5 females and 3 males), 3 of which were recruited from Taleghani Hospital's (Tehran, Iran) day clinic, 2 from the psycho-somatic inpatient ward of the same hospital, and 3 from the private practice settings were included in this study. Patients were diagnosed as SSD by psychiatrists using DSM-5 criteria. All patients signed informed consents. The mean age of patients was 38.5 and the standard deviation was 5.85. The demographic characteristics of the patients are explained in Table 1.

Table 1. Patients' demographic information

Patients	Sex	Age	Education
1	Female	32	Bachelor Degree
2	Male	40	High school diploma
3	Male	40	High school diploma
4	Female	49	High school diploma
5	Female	40	Bachelor Degree
6	Female	35	Ph.D.
7	Female	32	High school diploma
8	Male	40	High school diploma

The inclusion criteria involved: being diagnosed as SSD by psychiatrists or clinical psychologists, not being in the phase of active psychosis, not being under influence of substances at the time of the interview and participating in the research voluntarily.

Data were gathered using individual in depth interviews with all participants. Interviews focused on emotion expression issues of SSD patients according to their own viewpoints, as well as, mental health professionals' viewpoints, and with special attention to obstacles these patients felt while expressing their emotions. Interviews were taken place in Taleghani Hospital, Tehran, Iran, as

well as private offices that professionals worked at and that patients had referred to. All the interviews were conducted by the first author. The researcher also observed and considered non-verbal signs as clues for further questioning about emotional issues in participants, such as crying, laughing, sigh of relief, touching behaviors and pain attacks during the interview. The interviews were digitally recorded with the participants' permission.

Audio recordings were transcribed into text. Then data analysis was performed using conventional content analysis. An important feature of all content analysis is that many words of the content are classified into much smaller content categories [19]. Also, the advantage of the advantage of the conventional approach to content analysis is gaining direct information from study participants without imposing preconceived categories or theoretical perspectives [20].

Multiple steps were included in the process of analysis. First, the transcripts were analyzed separately by two researchers including the first author and the second author (as a research supervisor), and the first- level open coding was performed for the contents. Next, the codes were compared with paying attention to similarities and frequenting patterns. The outcome of this stage was discussed between both researches several times and adjustments were made. Then, the initial codes were reviewed between the research team and evolved to new codes and themes. In order to enhance reliability, the process of analysis needed to be moved back and forth between transcriptions, codes, and themes [19]. Thus, constant comparison was made to become sure that all codes and themes were grounded in original transcripts. Member check with a number of interviewees were also done.

Results

According to the results of the present study, by using qualitative conventional content analysis methodology, three themes were identified: 1.) Overgenderizing emotions 2.) Internalized ban of expressing negative emotions toward parents and other authorities and 3.) Difficulties with expressing positive emotions. The process of the emergence of these themes are described in table 2.

Overgenderizing emotions:

According to the findings of this study, it seems that SSD patients over identify the aspects of culture that prevent each gender to express emotions. Likewise, it seems that acceptance or non-acceptance of expressing certain emotions might depend on the gender of the person who wants to express them. For instance, according to the viewpoints of some of our interviewees, it is socially unacceptable for women to laugh or to express their enthusiasm in public settings like in the street, because it can interfere with the concept of decency which is highly important in the Iranian society. Yet, overt expression of fear or sadness is unacceptable for men as it can indicate weakness or cowardice.

Participant No 1, a psychologist: as we all know, unexpressed emotions are one of the most important contributing factors in SSD, and I think that the reason behind the high prevalence of SSD in Iran, is the suppressive nature of our culture in that people are not allowed to express their emotions for many different reason. For example, I think that we tend to suppress positive emotions in girls and negative emotions in boys. For example, it is socially acceptable for a boy to be angry, but if he manifests his fear or sadness, we assume it as a disaster and a sign of cowardice. Another problem is the concept of decency for women, which is somehow equivalent to suppressing positive emotions in women. As you can see, not laughing loudly in the street or in any public salutation, is a sign of a decent woman.

One of the patients mentioned the same concept according to her memories:

Participant No 2, a 32 years old, female patient: I remember that whenever I laughed, my mother told me that a" girl should not laugh in that way, and a decent girl should not laugh loudly".

Internalized ban of expressing negative emotions towards parents:

During the interviews, it was found that it is highly difficult for SSD patients to recognize and to express their negative emotions towards their parents and other older important authority figures such as teachers. These difficulties were to the extent that as if there is a ban in expressing negative emotions towards parents. Furthermore, it seems that, the above-mentioned ban was more related to intrapsychic factors in the sample. Therefore, the name of internalized ban of expressing negative emotions towards parents was selected for this theme.

Three subthemes were emerged under the theme of internalized ban of expressing negative emotions toward parents as: 1) Absolute difficulties in expressing negative emotions to parents. 2) Feeling excessively guilty and indebted towards parents. 3) Somatic symptoms as a preferred mode of suffering

1) Absolute difficulties in expressing negative emotions to parents, indicate that some of the patients even recognized the role of their rage and unexpressed these feelings toward their parents. Some of them even mentioned that having conflicts with their parents might take a part in the relapse of their symptoms. However, they mentioned that in spite the fact that they knew about the connection of their rage and their somatic problems, still it is very difficult for them to express their negative emotions towards their parents.
2) Internalized negative emotions such as excessive feeling of guilt or being infinitely beholden to the parents, as can be seen in the examples mentioned in the table, may prevent patients from both expressing their negative feelings towards their parents, and even recognizing those negative emotions in themselves. Otherwise, they find themselves ungrateful towards their parents.
3) Because of the difficulties that SSD patients face at the time of expressing negative emotions to their parents, as well as the feeling of guilt that is

associated with negative emotions, it seems that patients develop somatic symptoms, as a more durable and perhaps a preferable way of suffering than expressing negative emotions. For example:

Participant No 4, a 49 years old, female patient: I know that my unexpressed feelings towards my mum are the cause of my somatic pains but, I prefer to suffer than to face and to express my negative feelings towards my mum and the other older people. I owe a lot to my mother, 9 months of pregnancy and its difficulties are sufficient to behold a child to her/his mother for their entire life.

Participant No 5, a 40 years old, female patient: my father is a chronic bipolar patient who needs care 24H a day. I do a lot to help my mother and sisters looking after him, but sometimes (she cries) sometimes … I feel ashamed to say that, I feel he would be better if he died. I must be a very bad daughter to even think about that. Whenever these shameful thoughts come to my mind, I begin to feel pain again. Before this interview, I had never told these feelings to anyone.

Difficulties in expressing positive emotions:

In contrary of the previous finding, during a number of interviews it has been noticed that some patients do not have difficulties expressing negative emotions, instead, they have difficulties expressing and receiving positive emotions in their significant relationships.

This theme includes two subthemes 1) Ignorance of positive emotions. 2) Feeling uncomfortable in the presence of positive emotions.

1) Ignorance of positive emotions: Most of the patients complained about not receiving enough warmness and love from their parents in their childhood, and some of the patients believed that the consequence of the lack of warmness and love was that they had difficulties expressing their love and affection to their spouses or even to their children, because, they had never learned how to express positive emotions. Another reason for ignorance of positive emotion was not being aware of the importance of the expression of positive emotions. According to one of the participants:

Participant No 7, a psychiatrist: some patients have been married in a traditional way, and although they are married, they are not aware of the importance of expressing positive emotion in their relationships, and they do not know how to do so.

Participant No 8, a 40 years old, male patient: my father was a patriarchal man who believed that he should never show any affection to his children, and I really felt the lack of affection during my childhood. I feel that men of those eras were not really in love, and they just thought that the father should produce children. My father even considered it unacceptable to demonstrate his affection toward his children in front of his own father fearing that his father considers him, and his children spoiled. Now, I have difficulties to tell my wife that I love her as my father did not teach me how to express affection.

1) Feeling uncomfortable in the presence of positive emotions: In some of the interviews, it was noticed that some of the SSD patients were worried about the consequences of the direct expression of positive emotions to their loved ones. Examples of the assumed consequences involved, children that might become spoiled or spouses that might abuse their spouses.

Another important reason for not being comfortable with positive emotions was feeling guilty at the moment of feeling joyful or pleased. One of the patients (Participant no 5) even felt guilty about enjoyment:

Sometimes when I have happy moments with my husband, I feel guilty, because I have a single sister who cannot enjoy a company of a spouse, thus, I should not enjoy my husband.

Discussion

The aim of this study was to obtain more in-depth knowledge about the cultural obstacles of emotion expression in SSD patients in an Iranian sample. Our findings suggested three main cultural obstacles as: (1) Overgenderizing emotion; (2) Internalized ban of expressing emotions toward parents and other elder people; (3) Difficulties with expressing positive emotions.

Overgenederizing emotions was the first cultural obstacle of emotion expression according to the findings of this study. On this regard, these findings are consistent with Jalali [21], who postulated that feelings of hopelessness or fear are not discussed in men in order to maintain honor. Also, further emotions which are considered as negative ones are communicated through non-verbal modes, such as bodily symptoms, which are more culturally acceptable. These somatic complaints are then further reinforced by a culture that pays great attention and care to one's physical sufferings [5].

Another interesting finding of this study is about expressing positive emotions in women. It seems that western cultures encourage the suppression of negative emotions in women, also encourage them to express simulate positive emotions [22]. On the contrary, in the Iranian culture, according to the results of the present research, women are not encouraged to express their positive emotions in the public. However, it is not similar about negative emotions. For example, and as previously mentioned, traditions prevent women to laugh in the public, but there is no ban about crying in public, because laughter can interfere with the decency standards for women, but crying normally does not interfere with those standards.

The third obstacle was internalized ban of expressing emotions towards parents and other elder authorities. The findings of this study are consistent with Novin et al.'s research (23), who argued that in the Iranian culture, in comparison with western cultures, differences in the social hierarchy between adults and children are greater, and children learn that someone's place in the hierarchy is due to his/her gender and age.

Ford [24] also proved that in the collectivistic cultures value system, it is generally not appropriate to express negative emotions. Therefore, people from collectivistic cultures in particular are more likely to somatize as they are more impaired in their ability to express psychological experiences.

Table 2. Formation of themes

Meaning Unit	Condensed Meaning unit	Interpretation Code	Subtheme	Theme
It seems that in Iranian culture, negative emotions are suppressed in boys and positive emotions are suppressed in girls	People are not allowed to express certain emotions according to their gender.	Gender related rules for expressing emotions.	Over importance of gender roles in emotion expression.	Over genderizing emotions
The concept of a decent woman sometimes interferes with laughing in the street or any public situation.	Concept of decency can interfere with expressing happiness.	Miss conception about expressing emotions.		
If a certain gender is banned to express certain emotions, it is as if encouraging them not have those emotions.	People may suppress certain emotions in themselves because of social norms.	Gender related somatized emotions.	Somatizing emotions in relation to genders.	
Each gender is prone to somatization because of such a suppressive culture.	Both genders are prone to somatization because of the suppressive culture.			
whenever I laughed, my mother told me that a" girl should not laugh in that way, and a decent girl should not laugh so loudly".	Social norms inhibit laughter in girls.			
I know that my unexpressed feelings toward my mom are the cause of my somatic pains.	Knowing the connection between the negative feelings and pain.	Having insight about the association between unexpressed emotions and somatic pain.	Absolute difficulties in expressing negative emotions to parents.	Internalized ban of expressing negative emotions toward parents and other elders
I prefer to suffer than to express my negative feelings to my mother and the other elders.	Preferring to suffer than to express negative emotions.	Physical pain is more durable than negative emotion expression.	Somatic symptoms as a preferred mode of suffering.	
Nine months of pregnancy and its difficulties are sufficient to indebt a children to their mother for their entire life.	Children are indebted to their mother for their entire life because of the difficulties that the mother endures during the pregnancy.	Feeling never ending depth to the mother.	Feeling guilty and indebted toward parents.	
Sometimes, I feel that my father would be better he if died. I must be a very bad daughter to even think about that.	Nonacceptance of negative emotions and thoughts toward parents.	Feeling guilty about having negative emotions and wishes about parents.		
I really felt the lack of affection during my childhood and now I have difficulties to tell my wife that I love her. This is because, my father did not teach me how to express affections.	Because my father did not show his affections to me, I have not learnt how to show my affection to others.	Never have learned how to express positive emotions.	Ignorance of positive emotions.	Difficulties with expressing positive emotions
Some patients get married traditionally, and although they are married, they are not aware of the importance of expressing their positive emotions in their relationships.	SSD patients are not aware of the importance of expressing positive emotions in their intimate relationships.	Not being aware of the importance of expressing positive emotions.		
I used to think that if I expressed my love to my children directly, they would become spoiled.	Expressing love to children directly, would make them spoiled.	Worrying about the consequences of expressing positive emotions.	Feeling uncomfortable in the presence of positive emotions.	
Because I have a single sister who cannot enjoy a company of a spouse, thus, I feel I shouldn't enjoy the company of my husband and I feel guilty.	Feeling guilty about feeling enjoyment because someone else can not enjoy.	Feeling guilty about feeling positive emotions.		

Regarding this theme, one can always argue that these cultural values can affect all the population, not only SSD patients. However, in response to this argument, it should be taken to account that, the level of obedience and suppression of negative feelings in our patients toward their parents was inappropriate, regarding their age and social status, as they were all adults, married, and parents themselves. Furthermore, we found out that among all the emotions, "anger, or annoyance" were the most unacceptable emotions to express toward parents and other elder people, to the extent that most of the patients even found it difficult to recognize these emotions in themselves. Because recognition of these emotions, made patients feel guilty, as they find themselves ungrateful toward their parents.

The third obstacle of emotion expression according to this study is difficulties with expressing positive emotions. This finding is consistent with some previous research about emotions in the Iranian culture. For example, it seems that, in the Iranian-Islamic culture, expressions of happiness and being very happy are sometimes condemned, and negative emotions are sometimes appreciated and promoted [25]. Sorrow, grief, sadness, worry are considered as poetic feelings in the Iranian culture. Also, sadness expressed as conveying the tragedy of life is a valued emotion [6]. In contrast, according to literature, failure to achieve happiness can be seen as one of the greatest failures a person can experience [26].

Conclusion

The results of this study suggest that there are cultural obstacles that influence emotion expression in Iranian SSD patients. It seems that cultural barriers discovered in this study may contribute in high prevalence of somatic manifestation of psychological problems in Iran. Therefore, the results of this study can be involved in psychotherapeutic treatment plans that target the Iranian populations. Also, the results of this study can help to provide psycho educational materials to educate the general population, in order to reduce SSD and to promote mental health.

A limitation that can be mentioned about this study is that the SSD patients and also the mental health professionals were the only sample in this research. Future studies can compare the different ways which SSD patients, and non-SSD people use, when facing cultural barriers that has been mentioned in this study.

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