Why Some People Get Little Pleasure From Social Interaction

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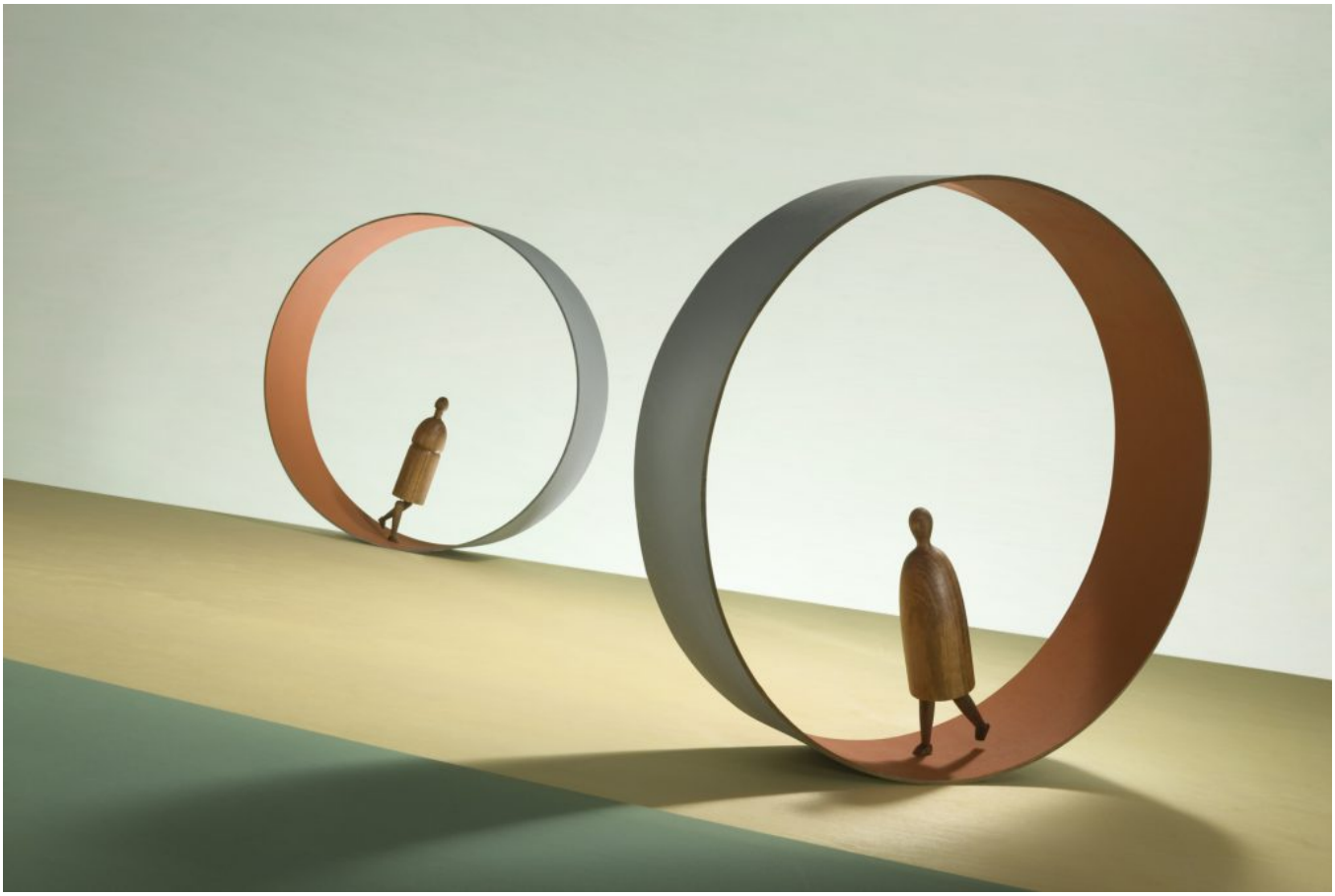

Social interaction is considered to be such an important contributor to physical and mental well-being that individuals who show relatively low drive for and pleasure from interacting with others are sometimes given a clinical diagnosis of “social anhedonia.”

Social anhedonia cannot be explained by social anxiety or exclusion; rather, socially anhedonic people genuinely prefer solitude, and they report less social skill, contact, interest, and pleasure. They also tend to show more negative affect, and less positive affect, social support, and skill in coping.

Psychological scientists are interested in understanding the risk factors for social anhedonia (SA) because SA contributes to emotional and social dysfunction. SA is also thought to play a role in social and neural abnormalities associated with schizotypy – a schizophrenia-like phenomenon thought to indicate vulnerability to schizophrenia – and schizophrenia-spectrum disorders.

In one study published in *Clinical Psychological Science*, researchers David Dodell-Feder and Laura Germine looked at associations between SA and various factors, including gender, age, socioeconomic status, ethnicity, and ethnic density (i.e., the proportion of residents in the participant’s city that belong to the participant’s ethnic group).

The researchers collected data from a population-based sample of over 19,000 participants, with about half of participants coming from predominantly English-speaking countries. Participants completed the self-report Revised Social Anhedonia Scale and provided demographic and other individual-level data.

One of the most robust findings was that men reported significantly greater SA than did women. Previous studies have indicated that women are more highly skilled in social cognitive tasks and the authors suggest that this may contribute to more enjoyment of and fulfillment from social interaction, more social support, and therefore more buffers against SA.

In addition, comparing age groups showed that SA is commonly higher in adolescence and lower after adulthood.

Dodell-Feder and Germine also found an association with socioeconomic status. Participants with less than a college education reported above-average levels of SA, and participants with no education had the highest levels of SA. Graduate degree recipients reported the lowest levels of SA, even when the researchers accounted for age and gender. Participants from communities with higher median incomes reported less SA, even when accounting for age and gender.

The researchers suggest that the stress of social and economic disadvantage may limit a person's ability to experience pleasure in or motivation for social interaction. At the same time, SA may impact an individual's ability to create a social network, reducing the size of the support system to buffer against socioeconomic stress.

Ethnicity and migrant status were also related to SA. Individuals of European and Native Hawaiian/Pacific Islander descent reported lower-than-average levels of SA. All other ethnic groups were above average for levels of SA, and participants of African descent reported the highest levels. In predominantly English-speaking countries, subjects of Asian descent reported the lowest levels of SA. Migrants reported less SA than nonmigrants accounting for ethnicity, age, gender, even in predominantly English-speaking countries.

Participants living in areas with greater ethnic density reported higher levels of SA, but the results also indicated that ethnic density may be a protective factor for migrants.

People living in less populous areas reported more SA, even when accounting for age and gender. Fewer chances to socialize may make it harder or less motivating to seek out social interaction, the researchers explained. However, a lack of interest in socializing could also lead a person to seek out areas of residence that have fewer people, where social interaction is less likely to occur.

Dodell-Feder and Germine emphasize that these risk factors only account for a small portion of variation in SA, so we cannot predict a disorder solely based on this information. The fact that participants were not randomly sampled means that researchers cannot rule out self-selection bias. Even so, the results of this study indicate that there are certain environmental factors that contribute to vulnerability for social anhedonia.

Studying the intricacies of social anhedonia could have implications for assessment and treatment of many disorders.

“Currently, the treatments would be the same for anyone in these broad categories [of depression and anxiety],” Williams explains, “By refining the diagnosis, better treatment options could be prescribed, specifically for that type of anxiety or depression.”

Because SA is relatively stable and trait-like, especially in individuals with a schizophrenia-spectrum disorder, the authors recommend that future work should investigate other aspects of personality, such as introversion.

References

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