



ORIGINAL ARTICLE

Spanish adaptation of the adult version of the Anticipatory and Consummatory Interpersonal Pleasure Scale[☆]



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KEYWORDS

Anticipatory and Consummatory Interpersonal Pleasure Scale; Interpersonal pleasure; Validation; Psychometric properties; Anhedonia

Abstract

Introduction: To date, there is a relative dearth of measures focusing on social anhedonia that are suitable for both patient and non-patient samples, up to date in terms of their content, and relatively brief. The goal of the present investigation was to validate the Spanish translation of the Anticipatory and Consummatory Interpersonal Pleasure Scale (ACIPS)-adult version for use with Spanish-speaking population.

Method: The total sample included 387 nonclinical individuals from Spain (128 males). The mean age was 21.86 ($SD=5.11$; range 18–46 years). The ACIPS and the Beck Depression Inventory-II (BDI-II) were used.

Results: Exploratory factor analysis yielded a three-factor solution which explained 79.1% of the variance (Intimate Social Interactions, social bonding in the context of media/communications, and casual socialization). The total ACIPS showed good internal consistency, estimated with ordinal alpha was 0.92, ranging from 0.76 to 0.84 for the subscales. The participants who reported a minimal to low level of depressive symptoms had significantly higher total ACIPS scores than the participants who reported experiencing moderate to severe levels of depressive symptoms. Total scores on the ACIPS were negatively associated with scores on the BDI-II ($r=-0.22$, $p<0.001$). Participants with a family history reported significantly lower total ACIPS scores than those without a family history of schizophrenia.

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Conclusions: The present results showed that the Spanish version of the ACIPS scores had adequate psychometric properties. The ACIPS may be useful in terms of helping to elucidate the ways in which individual differences in hedonic capacity for social and interpersonal relationships relates meaningfully to risk for various forms of psychopathology.

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PALABRAS CLAVE

Escala de Placer Interpersonal Anticipatorio y Consumatorio; Placer interpersonal; Validación; Propiedades psicométricas; Anhedonia

Adaptación española de la versión para adultos de la Escala de Placer Interpersonal Anticipatorio y Consumatorio

Resumen

Introducción: Hasta la fecha hay una relativa escasez de medidas centradas en la evaluación de la anhedonia social que sean útiles para su uso tanto en pacientes como en población general, y que al mismo tiempo sean adecuadas en cuanto a su contenido y brevedad. El objetivo de la presente investigación fue validar la traducción española de la Escala de Placer Interpersonal Anticipatorio y Consumatorio (ACIPS)-versión para adultos.

Método: la muestra total incluyó 387 participantes no clínicos (128 hombres). La media de edad fue de 21,86 (SD = 5,11; rango 18–46 años). Se utilizaron la ACIPS y el Inventario de Depresión de Beck-II (BDI-II) como instrumentos de medida.

Resultados: el análisis factorial exploratorio arrojó una solución de tres factores que explicó el 79,1% de la varianza total (Interacciones sociales íntimas, vinculación social en el contexto de los medios de comunicación y la socialización informal). El alfa ordinal para la puntuación total de la ACIPS fue 0,92, oscilando entre 0,76 y 0,84 para las subescalas. Los participantes que informaron de bajos niveles de síntomas depresivos tenían significativamente mayores puntuaciones en la ACIPS en comparación con aquellos que presentaban niveles moderados-graves. La puntuación total de la ACIPS se asoció negativamente con las puntuaciones del BDI-II ($r = -0,22$, $p < 0,001$). Los participantes con historia familiar previa de esquizofrenia mostraron puntuaciones significativamente más bajas en la ACIPS comparativamente con aquellos que no tenían antecedentes familiares.

Conclusiones: Los resultados parecen mostrar que la versión española de la ACIPS presenta propiedades psicométricas adecuadas. La ACIPS podría ser una herramienta útil para analizar las diferentes formas en que las diferencias individuales en la capacidad hedónica de las relaciones interpersonales se relacionan con el riesgo de padecer psicopatología.

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Introduction

Despite the generally rewarding nature of social relationships, hedonic capacity for interpersonal interactions is continuously distributed throughout the general healthy population. That is, although most of the population enjoys interacting with others, there is a smaller group of nonclinical individuals who do not derive pleasure from social interactions. In this way, social anhedonia, the reduced experience of pleasure from social and interpersonal interactions, can be considered to exist on a continuum.^{1–3} Social anhedonia is a common symptom in a variety of psychiatric disorders, including major depression, schizophrenia and schizophrenia-spectrum disorders, post-traumatic stress disorder, autism, and eating disorders. Individuals with major depressive disorder frequently experience state-related social anhedonia.⁴ However, previous research indicates that the social anhedonia that often characterizes schizophrenia and schizophrenia-spectrum disorders is stable and trait-like in nature.^{4,5} Therefore, it is important and useful to have appropriate scales to

assess the entire continuum of social anhedonia, i.e., from the levels that might be observed in nonclinical populations to the levels observed across various forms of psychopathology.²

To date, there is a relative dearth of measures focusing on social anhedonia that are suitable for both patient and non-patient samples, up to date in terms of their content, and relatively brief. The Anticipatory and Consummatory Interpersonal Pleasure Scale (ACIPS)^{6,7} satisfies all the aforementioned criteria. The ACIPS has considerable clinical utility. First, it provides an indirect measure of social anhedonia, which in its extreme form, has been observed in various clinical disorders including depression, schizophrenia-spectrum disorders, and autism spectrum disorders.¹ ACIPS scores distinguish between psychiatric and nonpsychiatric patient groups, with the latter showing significantly higher scores.⁸ One further advantage of the ACIPS is that it is applicable to both clinical and nonclinical populations, thereby allowing a dimensional perspective and thus being consistent with a Research Domain Criteria (RDoC) perspective.⁹

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