



Research paper

Increased social anhedonia and reduced helping behaviour in young people with high depressive symptomatology



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ABSTRACT

Background: Social anhedonia, the decreased enjoyment of pleasant social experiences, is associated with depression. However, whether social anhedonia in depression affects prosocial behaviours is unclear. The current study aimed to examine how high levels of depressive symptomatology in young people affect responses to usually rewarding social situations, including helping behaviour.

Methods: We recruited 46 females, 16 scoring high on the Beck Depression Inventory (BDI scores > 20, $M_{age}=19$; HD) and 30 scoring low (BDI < 10, $M_{age}=20$; LD). In a social emotion task (SET), participants were presented with social scenarios and asked to rate their expected emotional responses. Subsequently, participants' helping behaviour was measured by dropping a pile of papers near them and recording their responses. Lastly, participants completed the SET again.

Results: The SET at time 1 revealed that HD individuals reported significantly stronger negative ($p < .001$) and weaker positive ($p < .05$) emotional responses to social situations than LD subjects. Additionally, all participants showed a significant increase in positive responses ($p < .05$) on the SET between time 1 and time 2. Moreover, HD subjects were less likely to engage in actual helping behaviour than LD participants.

Limitations: Limitations of the study are that only females were tested and that no psychiatric screening interview was conducted.

Conclusions: Our results indicate that young females with high levels of depression symptoms expect to respond less positively to social situations and engage less in helping behaviour compared to those with low depressive symptomatology. Social anhedonia in depression may thus contribute to decreased engagement in rewarding social situations. This, in turn, may lead to social withdrawal and might maintain depression symptoms through a lack of exposure to positive social feedback.

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1. Introduction

Anhedonia, the loss of interest and pleasure in usually enjoyable experiences, is an important symptom in the diagnosis of acute major depressive disorder (MDD) and is related to abnormalities in the processing of rewarding information (McCabe et al., 2012; Henriques et al., 1994; Sloan et al., 1997, 2001; Kaviani et al., 2004; Rottenberg et al., 2002).

Social anhedonia, the decreased enjoyment and interest in pleasant social interactions, may be especially problematic in depression, because the lack of pleasure derived from social experiences may lead to social withdrawal (Rubin and Burgess, 2001). This, in turn, prevents the exposure to future positive social feedback and may, therefore, induce and maintain depressive symptomatology (Rubin et al., 2009).

Previous research has shown that depressed patients demonstrate higher social anhedonia scores than healthy controls (Olsen et al., 2015), and subjects with high social anhedonia scores experience more frequent (Blanchard et al., 2009) and more severe (Kwapil, 1998; Rey et al., 2009) episodes of depression than individuals with low social anhedonia scores. Furthermore, MDD patients and those at risk of depression have been found to display abnormalities in the processing of positive social cues, such as smiling faces, both on the behavioural (Frey et al., 2015) and the neural (Lawrence et al., 2004) level.

A question that has yet to be addressed is whether social anhedonia might also influence prosocial behaviours. It is widely accepted that people take pleasure in helping others (Cialdini, 1991; Cialdini and Fultz, 1990), and that this pleasure may be one of the main motivating factors to engage in helping behaviour (Carlson et al., 1988). Previous research has shown that helping behaviour increases happiness (Steger and Kashdan, 2006) and life satisfaction (Meier and Stutzer, 2008), which seems to be a protective factor against developing depression (Piliavin and Callero,

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1991; Gebauer et al., 2008). Moreover, it has been found that feeling rewarded by prosocial actions increases future engagement in helping behaviours (Piliavin, 2003). It may thus be predicted that social anhedonia reduces helping behaviour, because it diminishes the pleasure that is ordinarily derived from engaging in prosocial actions.

The current study aimed to assess this hypothesis by examining the relation between social anhedonia and helping behaviour in young people with high levels of depressive symptomatology. Specifically, we measured participants' anticipated emotional responses to social situations in a social emotion task (SET) and their actual helping behaviour when the researchers dropped a pile of papers near them. Before dropping the papers, we presented participants with a prosocial video which reinforced the idea that helping is rewarding. We predicted that young people with high depressive symptomatology would report reduced positive responses to social situations in the SET and would be less likely to engage in helping behaviour compared to young people with low levels of depression symptoms. Moreover, we hypothesised that lower positive responses on the SET, and thus higher social anhedonia, would predict a reduced likelihood of helping the researchers to pick up the dropped papers.

2. Methods

2.1. Participants

A sample of 99 psychology undergraduates was recruited using the online research management system SONA. Participants completed the Beck Depression Inventory (BDI; Beck, 1961) and were included if they received a score below 10 (low levels of depression symptoms, LD) or above 20 (high levels of depression symptoms, HD). To ensure that our sample did not include individuals with severe depression, we excluded participants who scored above 35 on the BDI. The final sample included in the study consisted of 30 female LD subjects ($M_{\text{age}} = 20$ years) and 16 female HD ($M_{\text{age}} = 19$ years) participants. In exchange for their participation, subjects received course credit.

Ethical approval for the study was obtained from the University of Reading Research Ethics Committee and all subjects provided written informed consent before their participation.

2.2. Materials

As part of the study, participants completed the Beck Depression Inventory (BDI; Beck, 1961) online, and the Revised Social Anhedonia Scale (RSAS; Eckblad et al., 1982) as well as the Revised Physical Anhedonia Scale (RPhA; Eckblad et al., 1982) on paper.

The BDI is a self-report measure used to assess depressive symptoms. It consists of 21 items requiring individuals to rate their feelings over the previous two weeks. It shows sound psychometric properties in both clinical (Richter et al., 1998; Basker et al., 2007; Wang and Gorenstein, 2013) and non-clinical (Wang and Gorenstein, 2013) populations. For each of the 21 items, four response options are provided which are ordered from most positive (e.g. I do not feel sad) to most negative (e.g. I am so sad and unhappy that I can't stand it), and participants are asked to indicate which option best applies to them. The options are associated with scores from zero (most positive) to three (most negative), and to obtain the final BDI score the values of all chosen options are totalled. Thus, the minimum and maximum BDI scores are 0 and 63, respectively.

The RSAS and RPhA are self-report measures which are widely used in the assessment of anhedonia, displaying good psychometric properties in clinical (Gooding et al., 2005) and non-clinical

(Fonseca-Pedrero et al., 2009) populations. The questionnaires consist of 40 and 61 statements referring to socially or physically pleasant scenarios, respectively, and require participants to choose whether the statements are true or false for them. Questions on which participants choose the option that is indicative of anhedonia, e.g. answering 'true' in response to the item 'having close friends is not as important as people say' (RSAS), are given a score of 1. Otherwise responses receive a score of 0. Higher scores on these questionnaires reflected increased anhedonia, with scores ≥ 12 on the RSAS and ≥ 18 on the RPhA considered to indicate high levels of anhedonia.

Participants also watched a 4.36-minute-long video on a laptop, which showed people engaging in prosocial behaviours towards strangers. Examples of scenarios shown in the video include assisting someone who has fallen over to stand up, helping the elderly to rake leaves, holding a door open for someone, and indicating to a child that it has dropped a toy. In the background of the video a song was played which repeated the lyrics 'if you give a little love, you can get a little love of your own'.

Participants' own helping behaviour was videotaped during the staged paper dropping incident using a camera (Canon IXUS 275 HS) which was hidden behind objects in the testing room.

All data collected during the study was analysed using SPSS (version 22.0).

2.3. Procedure

2.3.1. General procedure

After having completed the BDI online, eligible participants who scored below 10 or above 20 on the BDI were asked to attend a testing session. Subjects were tested individually. During the session, they filled in the RSAS and RPhA questionnaires and performed the social emotion task (SET). Subsequently, participants watched a prosocial video and were then assessed regarding their helping behaviour. Finally, subjects completed the SET a second time before being debriefed. During the debriefing, participants were asked if they agreed to their video recording being used as part of the study's analysis. If participants did not provide consent, their recording was deleted.

2.3.2. Helping behaviour assessment

After participants finished watching the prosocial video, the researcher walked past carrying a pile of papers which were dropped at a specific location near the subjects. Although intentional, the dropping of the papers was made to appear accidental and was meant to elicit participants' helping behaviour. Unbeknownst to the participants, their responses were videotaped and the number of papers individuals retrieved and their latency to help was assessed. The assessor was blind to the BDI scores of the participants. A similar paper dropping incident has previously been used to examine helping behaviour (Isen and Levin, 1972).

2.3.3. Social emotion task (SET) procedure

The SET consisted of 24 unfinished sentences which related to social situations and were created by the researchers. For example, the following sentences were included: 'When I have a meal with my friends, I feel...', 'When someone smiles at me, I feel...', and 'When I am invited to a friend's party, I feel...'. For each sentence, six completion options (e.g. happy, eager to socialise, annoyed, anxious, etc.) were provided which described the pleasure, motivation and achievement feelings subjects might experience in the outlined social scenario. Participants were instructed to use a ten-point Likert scale to rate each of the six completion options based on their expected feelings in the described social situation (see Fig. 1).

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