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Anhedonia and emotional numbing in combat veterans with PTSD

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Abstract

We explored relationships between anhedonia and posttraumatic stress disorder (PTSD) symptom clusters, including their role in predicting psychiatric comorbidity. Our measure of anhedonia was derived from an examination of the latent structure of the Beck Depression Inventory. We found evidence for a two-factor solution, leading to anhedonia and undifferentiated, global depressive symptoms scales. In primary analyses, anhedonia had a unique positive relationship with PTSD's emotional numbing symptoms and minimal relationships with other PTSD symptoms. Upon examining the incremental validity of appetitive functioning (i.e., anhedonia, emotional numbing) over and above aversive functioning (i.e., re-experiencing, avoidance, and hyperarousal PTSD symptoms) variables, greater emotional numbing increased the likelihood of being diagnosed with a major depressive disorder, and greater anhedonia increased the likelihood of being diagnosed with additional anxiety disorders and to a lesser extent, psychotic disorders. Results were consistent with research on the distinction of appetitive and aversive functioning, providing insight into the nature of PTSD.

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Introduction

Research demonstrates substantial comorbidity between major depressive disorder (MDD) and posttraumatic stress disorder (PTSD). In fact, 48% of PTSD-diagnosed individuals from the general population (Kessler, Sonnega, Bromet, Hughes, & Nelson, 1995), and 26% of Vietnam veterans with PTSD (Kulka et al., 1990) also met criteria for MDD. Even higher comorbidity rates have been found in clinical samples (e.g., 65% of PTSD-diagnosed patients also met criteria for current MDD; Brown, Campbell, Lehman, Grisham, & Mancill, 2001).

One plausible reason for these high comorbidity rates is the presence of conceptually overlapping symptoms (Franklin & Zimmerman, 2001; Keane, Taylor, & Penk, 1997; O'Donnell, Creamer, & Pattison, 2004). For example, given anhedonia's symptom overlap between PTSD and MDD, it may be useful in understanding the substantial diagnostic comorbidity. Our interest was in the overlap between anhedonia and PTSD symptoms of emotional numbing.

Emotional numbing is unique among PTSD's symptom clusters. In contrast to the PTSD symptoms of re-experiencing, avoidance, and hyperarousal that focus on negative affect, emotional numbing focuses on (diminished) positive affect (American Psychiatric Association, 1994; Litz, 1992). Emotional numbing consists of disinterest in activities, detachment from others, and a restricted range of emotional expressiveness. Relatedly, low levels of positive affect and disinterest in pleasurable activity characterize the depressive symptom of anhedonia. Both emotional numbing and anhedonia appear to reflect diminished appetitive functioning. Further examinations of anhedonia, emotional numbing, and other PTSD symptom clusters can evaluate whether symptoms related to appetitive functioning are distinct from those related to negative affect.

The framework of our study was based on the tripartite (Clark & Watson, 1991) and approach-avoidance models (Davidson, 1994). The tripartite model postulates that the dimensional structure of anxiety and depression includes a shared, core negative affective component (i.e., negative affectivity) and two specific factors, positive affectivity and physiological hyperarousal, that distinguish depression and anxiety, respectively. Our focus is on diminished positive affectivity or appetitive functioning, that is purportedly unique to depression, and not anxiety conditions. The approach-avoidance withdrawal model is compatible, suggesting that relatively independent biobehavioral systems (i.e., behavioral approach and avoidance systems) underlie the expression of positive and negative affect. Similar to the tripartite model, whereas both depression and anxiety are proposed to have overactive avoidance systems that facilitate withdrawal in response to punishment, pain, and novelty, only depression has an additional underactive approach system. This underactive approach system is proposed to reduce reward responsiveness, positive affect, and movement toward appetitive goals. Existing data tend to support these models (e.g., Burns & Eidelson, 1998; Watson, Clark, & Carey, 1988). Yet, prior studies have excluded individuals with PTSD. Thus, questions remain as to the potential centrality of appetitive functioning (i.e., anhedonia and emotional numbing) in the phenomenology of PTSD. Based on our theoretical framework, it is hypothesized that emotional numbing, an index of diminished appetitive functioning in PTSD, will be the only PTSD symptom to be uniquely related to anhedonic symptoms of depression and the presence of comorbid depressive disorders. Moreover, considering the orthogonal nature of approach and avoidance, anhedonia is expected to have minimal relationships with PTSD symptoms reflecting negative emotions (i.e., re-experiencing, avoidance, hyperarousal).

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