

# What Is Anhedonia?

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By [Ruben Castaneda](#), Staff Writer Sept. 6, 2018, at 3:05 p.m.

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**DO YOU KNOW SOMEONE WHO** loved going to monthly book club meetings and stopped participating? How about a friend who enjoyed being part of your weekly lunch gathering who's ghosted the group? Have you ever had a tennis buddy who inexplicably lost all interest in playing?

People who are unable to experience joy from activities that once brought them delight and satisfaction may be suffering from anhedonia, a symptom of a raft of psychiatric disorders marked by a lost or greatly decreased capacity to experience joy and pleasure from the things and people that typically

provided joy. People with anhedonia may lose interest not only in hobbies and social gatherings, but even in food and sex.

There are different causes and gradations of anhedonia. It can be a symptom of clinical depression, [bipolar disorder](#), childhood trauma, [substance misuse](#), post-traumatic stress disorder and difficult but temporary life circumstances, such as a divorce, [the death of a loved one](#) or job loss, says Michael D. McGee, chief medical officer of The Haven at Pismo, a detox and residential substance misuse treatment center in Arroyo Grande, California, along the central coast of that state. Anhedonia can be treated with [talk therapy](#), medication or a combination of both, McGee says.

## Living With Anhedonia

[People who've repressed intense feelings](#) – of loss, betrayal and anger, for instance – may be susceptible to anhedonia, says Anita Gadhia-Smith, a psychotherapist who practices in the District of Columbia and suburban Maryland. "As the feelings layer up over time, they prevent the person from experiencing the full range of emotions and all of the colors of the rainbow," Gadhia-Smith says. "We need to be able to experience the pain in order to get free from the blockages, get to the healing and then to experience joy. Our drive, energy and motivation can become significantly blocked and hindered by unprocessed feelings. Frequently, unrecognized and internalized anger, hurt and rage block the psychological flexibility required to experience joy. Joy and gratitude are forms of wisdom."

Medical researchers don't know what causes anhedonia (or any other psychopathology), says Gabriel S. Dichter, an associate professor of psychiatry and psychology at the University of North Carolina School of Medicine. Most experts believe anhedonia and other mental disorders result from a combination of genetic and environmental factors, he says. There may also be a biological component; that is, some people with anhedonia may have brain circuits that are less active when reacting to potential rewards. Pinpointing the precise cause of anhedonia "is the million-dollar question," Dichter says.

There's no physical exam to determine whether someone is suffering from anhedonia, says Dr. Madhukar Trivedi, the director of the Center for Depression Research and Clinical Care at [UT Southwestern Medical Center](#) in Dallas. "Right now, we don't have an established blood or brain test for anhedonia," he says. Instead, physicians ask patients a series of questions to determine whether they're suffering from anhedonia. Among the questions

that physicians would typically ask: What sorts of things do you find enjoyable? Do you still find pleasure in the things you used to enjoy? During a given week, how often do you experience pleasure?

There's a wide variety of ways that different people experience anhedonia. For instance, someone could lose the capacity to feel joy from his or her usual social and recreational activities and go into isolation mode, remaining alone most of the time, Trivedi says. The same person who's isolating could, however, feel a sense of satisfaction from showing up at his or her job every day and doing good work. Such a person might outwardly seem fine to co-workers, enthusiastically completing his or her job assignments while suffering from anhedonia in other ways. "When someone has anhedonia, it's not [typically] absolute," Trivedi says. "There are ranges of anhedonia, including mild, moderate and severe. In the most severe cases, nothing gives the person pleasure. A sizable proportion of patients with [depression](#) [and anhedonia] say they go to work and do their job and come home and feel spent. They stay home and watch TV or do nothing until they have to go to work again."

Anhedonia affects people in all demographic groups – young, middle-aged and older people, plus individuals of different races and income levels. As is the case with suicide, being professionally and financially successful is not a shield from anhedonia. The recent [suicides of celebrity chef-CNN personality Anthony Bourdain and fashion designer Kate Spade](#) showed that monetary success and fame don't necessarily protect people from despair.

## **A Variety of Treatments**

Medical providers don't typically treat anhedonia in isolation, says Moria Joy Smoski, an associate professor at Duke University's Department of Psychiatry and Behavioral Sciences and its Department of Psychology and Neuroscience. Rather, physicians treat the condition – whether it's depression or [PTSD](#) – of which anhedonia is a symptom, Smoski says. For depression, the treatment could involve talk therapy and/or antidepressants such as Prozac, Zoloft or Paxil. "The challenge is that anhedonia can often be a symptom that does not resolve as you treat these conditions," she says. For example, a patient's feelings of sadness that are typical of depression may get better with treatment, while his or her anhedonia persists.

Another [treatment for depression](#) and other disorders linked to anhedonia is [transcranial magnetic stimulation](#), known as TMS, Smolski says. TMS involves the application of electrical fields to the brain. A large coil is placed

near the patient's head, without touching the scalp, and the device generates an electrical pulse thought to stimulate neurons in a particular part of the brain. Research suggests that 30 to 40 percent of patients who weren't helped by talk therapy and/or medication respond to TMS, Smoski says. The possible side effects of this treatment include headache and dizziness, which, if they occur, are typically short in duration.

If other treatments fail, patients can opt for ECT, also known as electroconvulsive therapy. It involves sending electrical charges into the brain in the hopes of "hitting a reset button," Smoski says. Research suggests up to 80 percent of patients respond rapidly to ECT, compared to about 50 percent who see benefits from taking [antidepressants](#), typically after about six weeks, she says. A side effect of ECT is that it can interfere with the brain's ability to encode memory around the time of the treatment. "It's not a first-line treatment," Smoski says. "It's reserved for folks who don't respond to other treatments or when the severity of the patient's condition requires moving to more involved treatments." For example, ECT might be used if a patient is hospitalized for severe depression and psychotic episodes.

To develop better ways to treat anhedonia, Dichter and Smoski are conducting a five-year study to develop and evaluate a new form of psychotherapy to address the condition. The research is supported by a \$2.5 million grant that's part of the Experimental Therapeutics Initiative of the National Institute of Mental Health. "Anhedonia is one of the most difficult psychiatric symptoms to treat and represents a critical vulnerability factor for a range of psychiatric disorders," Dichter says. "We need better treatments, and we hope this project will establish a first-of-its-kind intervention for anhedonia."

The research project will study two types of talk therapy to address anhedonia. One method, behavioral activation treatment for anhedonia, works by "helping people overcome avoidance and spend more time on the things they find enjoyable, important or both," Smoski says. The other approach to be studied, mindfulness-based cognitive therapy, is a standardized approach therapists have used for years to help prevent relapse of depression and to reduce anxiety and depression symptoms.

If you believe you're suffering from anhedonia, whether a mild, moderate or severe version of it, experts recommend [seeking professional help](#). Talk therapy with a psychotherapist or psychiatrist in combination with a regimen of prescription antidepressants is often effective, Trivedi says. Don't be discouraged if the first treatment regimen you try doesn't quickly relieve your anhedonia. "Each treatment is not universally effective, so some patients may

go to a second, third and fourth treatment," he says. "For a small percentage of patients, no treatment is effective." However, it's important to keep in mind that the percentage of patients who don't respond to treatment is very small. "Even when initial treatments don't work, additional approaches, such as different combinations of therapy and medication can be effective, so we should not give up," he says. "For the clear majority of patients, some combination of therapy will be effective."