Overview:

- The symptom of anhedonia is common in schizophrenia (e.g. Fenton & McGlashan, 1991).
- However, laboratory studies have not consistently found evidence of hedonic deficit (e.g. Berenbaum & Oltmanns, 1992; Kring & Neale, 1996).
- Based on neurobehavioral models of hedonic experience (e.g. Berridge & Robinson, 1998) we examined the distinction between deficits of anticipatory pleasure (pleasure in anticipation) and consummatory pleasure (in-the-moment pleasure) in schizophrenia.

Method:

- We developed a model of the time course of the experience of pleasure (Figure 1).
- Using theory and statistical methods we developed an anticipatory pleasure scale (14 items) and a consummatory pleasure scale (10 items).
- Factor analyses were done with a large college sample (N=1039). Convergent and discriminant measures were used with several additional samples to test validity (Figure 2).
- Both scales were given to schizophrenia patients and nonpatient controls (Figure 3). A semi-structured interview was also given to patients and correlated with the scales (Figure 4).

Results & Discussion:

- Both scales were internally consistent and had good test-retest reliability: anticipatory scale ($\alpha=.80; r=.84$) consummatory scale ($\alpha=.72; r=.80$). Correlation of the 2 scales was .52.
- Correlations with discriminant measures suggest the scales tap distinct aspects of pleasurable experience.
- Schizophrenia patients reported significantly less anticipatory pleasure than controls but no difference in consummatory pleasure (Figure 3).
- Anhedonia ratings in a interview with patients were significantly correlated with anticipatory but not consummatory pleasure (Figure 4).
- These findings are consistent with the hypothesis that schizophrenia patients have an anticipatory but not a consummatory pleasure deficit.

For more info contact: dgard@socrates.berkeley.edu