

LIVING LIFE IN Greyscale

Life can have its drab moments but when it seems to have permanently shifted from technicolour to perpetual monochrome, anhedonia may be to blame

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At various points during our existence, things will undoubtedly feel a bit tedious at times. The rhythm of everyday life - commuting, working, the weekly grocery shop - can become somewhat dull, especially when those truly special moments in life - holidays, weddings, new experiences - are peppered so few and far between all the monotony. However, usually, all it takes is a break from the old routine for us to feel refreshed and to recapture our zest for life once again.

What happens though if we not only lose all interest in life but also our will to do anything about it? When a constant fog seems to descend upon us, sucking out all the colour from our lives and leaving us in a state of profound emptiness and numbness, this could be a sign that something much more serious is at play.

Anhedonia, a term derived from the Greek words 'an' (without) and 'hedone' (pleasure), is a psychological condition characterised by the inability to experience pleasure or enjoyment from the activities and people that we once loved. Although the concept of pleasure (and the lack of it) dates back to the ancient Greek philosopher Epicurus, the term anhedonia was first coined by the

French psychologist Théodule-Armand Ribot in 1896. While hedonism may refer to the pursuit of pleasure and indulgence, anhedonia reflects its complete opposite - a life devoid of desire and gratification.

It is normal to feel despondent when negative situations occur or when facing more stress than usual, but this is usually only temporary and has a well-defined cause. Anhedonia, however, can linger in the background over an extended period, seemingly coming out of nowhere for no reason at all.

Signs of anhedonia

When the British journalist and author Tanith Carey one night found herself googling answers as to why she felt so numb, she was surprised to come across the term anhedonia. A self-described 'get-up-and-go, get-sh*t-done career woman, with a lovely husband and two healthy, happy children', she was doing well by society's standards. Underneath

the shiny veneer though, she felt as if she were harbouring a guilty secret.

"It percolated for a few years," she says. "I started thinking back to my wedding day. It was a gorgeous wedding and I was definitely marrying the man that I wanted to marry, but I remember being at the altar and just not being present in my body. I thought there must be something in this. I can't be the only one who feels like this."

Carey's subsequent research into the condition inspired her to write the book, *Feeling 'Blah'? Why Life Feels Joyless and How to Recapture Its Highs*. Carey describes anhedonia as an 'emotional flatlining' where you might still be functioning but "you're not enjoying life - you're just surviving."

Anhedonia also differentiates itself from a fleeting bad period in the severity of its core symptom: loss of pleasure. We can all lose interest in certain activities, passions and hobbies over time but anhedonia takes this to the extreme and

“ ANHEDONIA DRAINS ALL THE DELIGHT OUT OF EVERYTHING WE ONCE ENJOYED ”

drains all the delight out of everything we once enjoyed. Foods that you once salivated over now taste like cardboard, music that once made you tap your foot fades into white noise, and the thought of spending time with friends has you pulling the duvet cover back over your head.

In some cases, anhedonia is less about the complete absence of pleasure, but rather a significant reduction in it. Although you may still enjoy eating chocolate or watching your favourite team play to some extent, these activities no longer elicit the same feelings as they once did and the overall experience feels muted.

Other tell-tale signs of anhedonia can include:

- Low motivation and energy*
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- Sleep disturbances*
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- Social withdrawal and deliberately avoiding others*
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- Feeling detached or indifferent*
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- A lack of emotional response to positive events*
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- Experiencing fewer emotions (and if you do, they are usually boredom and apathy)*
-
- Putting up a false facade to mask true feelings*
-
- A decreased sex drive or interest in intimacy*
-
- Hobbies and activities now feeling like a chore*
-
- Life seeming generally meaningless and pointless*

Types of anhedonia

Some researchers have suggested that the condition falls into two types: physical anhedonia and social anhedonia. Physical anhedonia involves a diminished capacity to feel pleasure from sensory experiences, including eating, exercising and sex. Social anhedonia, meanwhile, is characterised by a reduction in pleasure derived from social interactions and relationships. It is important to differentiate here between social anxiety and social anhedonia, as the former stems from a fear of social situations rather than a diminished sense of reward and positive emotions to be gained from socialising.

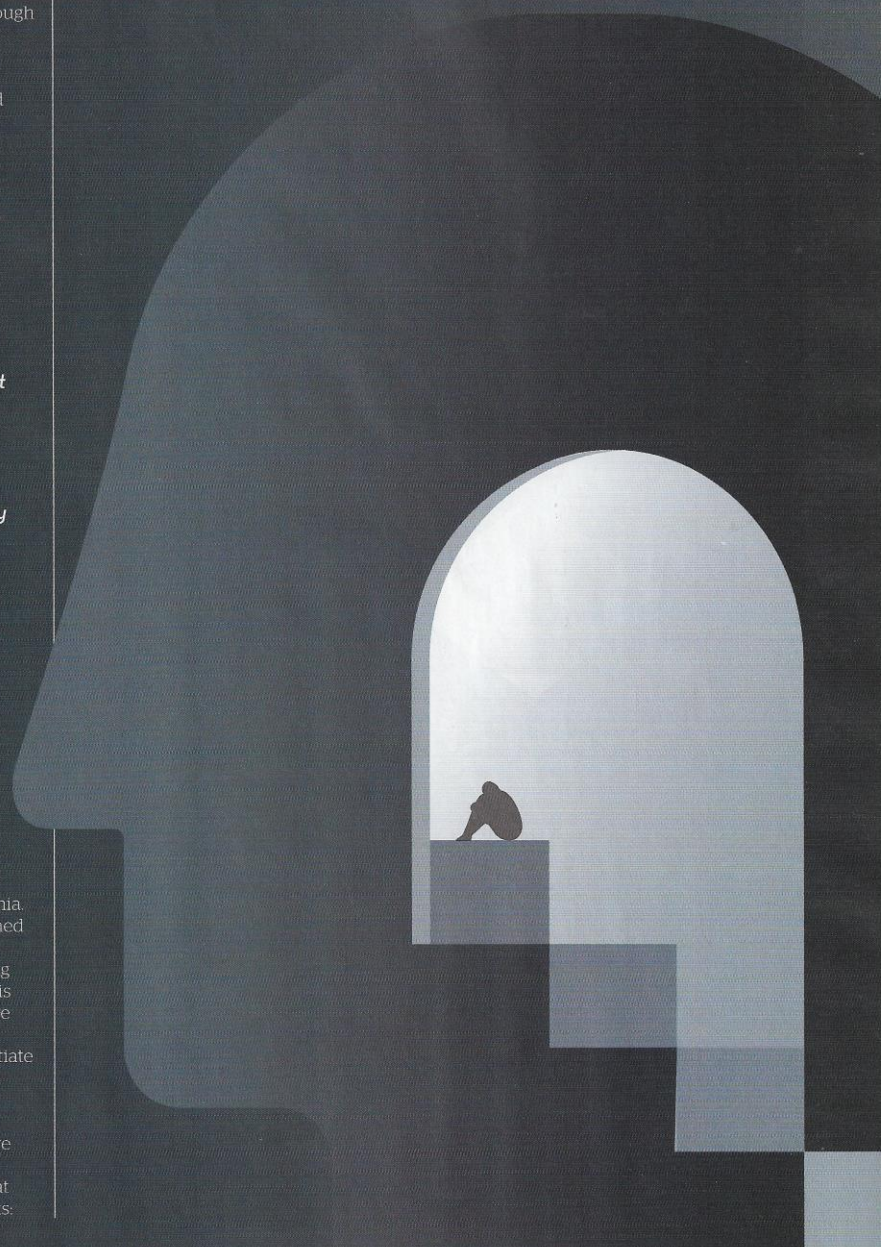
Researchers have also discovered that anhedonia has two distinct components:

anticipatory and consummatory. The experience of pleasure is comprised of anticipatory enjoyment ('wanting') and consummatory satisfaction ('liking') and is what motivates us to strive for more of it. Anticipatory anhedonia suppresses the drive to pursue reward or to feel pleasure when looking forward to

things, while consummatory anhedonia reduces our ability to enjoy rewards even when we do seek them out.

Causes of anhedonia

It is possible to have either one or both components of anhedonia and this is why many academics theorise that the principal »



LIVING LIFE IN TECHNICOLOUR AGAIN

Although more severe cases of anhedonia may require medical intervention, milder forms can be alleviated by taking practical steps to increase healthy dopamine. "We need a growth mindset when it comes to happiness," says Carey. "It is not just this unicorn state that happens to you. It is something that you can create for yourself by twiddling the knobs of dopamine and serotonin and raising the dial."

Some of the best ways of doing this are by taking part in activities that boost dopamine, such as aerobic exercise, socialising with others and doing the things that you once enjoyed. Although it might be difficult to do while you are in the throes of anhedonia and feel unmotivated, taking small steps to increase dopamine can gradually help reset your brain's reward system. Practising techniques such as mindfulness, savouring and gratitude can also help you to notice small pleasures and enhance positive feelings. Making small lifestyle changes, such as eating foods rich in tyrosine, iron, folate and vitamin B6, can also help to naturally boost dopamine levels.

cause of anhedonia is a breakdown in the brain's reward system. This complex network of structures and pathways plays a crucial role in our ability to experience joy, seek rewards, and learn from positive encounters. Studies have shown that in anhedonic individuals, there is less activity in the brain regions associated with reward, such as the ventral striatum and the nucleus accumbens, otherwise known as the 'pleasure centre'. Simultaneously, more activity is shown within the prefrontal cortex, the area of the brain responsible for higher-order cognitive functions, including decision making and impulse control.

Another crucial ingredient of this reward system is neurotransmitters that send signals between neurons and facilitate communication with different parts of the brain. A key part of this circulation includes the feel-good chemical messengers that are released in response to rewarding events. Although several neurotransmitters, such as serotonin and norepinephrine, contribute to the overall experience of pleasure, it is dopamine that primarily feeds the brain's reward circuit. Dopamine is not only the driver behind what we find interesting and pleasurable but it is what motivates us to seek out more of it, creating a cycle of anticipation and reinforcement. It is speculated that in anhedonic individuals though, there is reduced dopamine transmission between neurons, leading to weaker interaction between the different parts of the brain's reward system. This then affects how the brain processes rewards and subsequently manifests itself in symptoms of anhedonia.

Another potential cause of anhedonia could be our current lifestyle. Environmental factors such as poor diet, chronic stress and social media can cause disruptions to the brain's reward circuit and overstimulate dopamine receptors, leading to the desensitisation of pleasure. "I think anhedonia is very much a modern malaise," says Carey. "We are in a state of constant overwhelm because it's cortisol all the time - we are forever getting inputs from our phones and the 24-hour news cycle. When you get a dopamine hit, it is designed to go up and down quickly in the brain because dopamine is the molecule of exploration and discovery, so you then go and seek out the next thing you need. Cortisol, however, is designed to help us survive. When cortisol spikes, it stays raised in our body for much longer and because we're always in cortisol overload, it never gets a chance to reset." Carey describes cortisol as one of the main enemies of dopamine. "Our brains are not happiness generators," she says. "They are survival machines, designed to live in the savannah 100,000

“TREATING ANHEDONIA OFTEN REQUIRES A COMPREHENSIVE APPROACH TAILORED TO THE INDIVIDUAL’S NEEDS”

years ago and not to deal with what we are currently putting them through.”

Although anhedonia isn't recognised as a clinical diagnosis, it is acknowledged by psychologists and academics as a feature of various psychiatric and neurological conditions. Anhedonia is a core component of depressive disorders, particularly major depressive disorder (MDD). Research has shown that approximately 70% of those diagnosed with MDD show signs of anhedonia too. It is also prevalent in those with bipolar disorder, typically showing up during a depressive episode cycle just as it might do in other depressive disorders. Although anhedonia is commonly associated with depression, it is important to note that anhedonia can exist on its own without other symptoms of depression being present, such as suicidal thoughts and persistent low mood. Anhedonia can be a symptom of other mental health problems such as schizophrenia, post-traumatic stress disorder (PTSD), eating disorders and chronic substance use. It is also associated with neurological disorders, such as Parkinson's disease and traumatic brain injury, as well as neurodevelopmental disorders such as autism and attention deficit hyperactivity disorder (ADHD).

Treating anhedonia

Anhedonia is usually assessed in clinical settings by using a questionnaire such as the Snaith-Hamilton Pleasure Scale (SHAPS), which consists of 14 statements about enjoyable situations typically encountered in everyday life and a scale to measure how much pleasure each situation has produced in the past few days. As anhedonia can be a symptom of other medical issues, blood tests may be done to rule out any other underlying causes such as a vitamin D deficiency or an underactive thyroid.

Treating anhedonia often requires a comprehensive approach tailored to the individual's needs. Certain medications such as dopamine agonists for Parkinson's disease, antipsychotic drugs for schizophrenia, and anti-depressants for depression may be prescribed to treat any conditions contributing to anhedonic symptoms. Some studies have shown though that certain groups of anti-depressants, such as selective serotonin reuptake inhibitors (SSRIs), can be less effective at treating anhedonia as serotonin inhibits dopamine release in certain brain regions, blunting both the brain's reward system and its propensity to feel pleasure.

If there is no obvious medical cause, then a patient may be referred to a mental health professional who can assess and develop a course of treatment that may include talk therapies. Cognitive behavioural therapy (CBT) is most commonly used for treating anhedonia as it not only helps to identify negative thoughts, but also focuses on developing coping strategies to help manage symptoms. This can also be combined with a technique called behavioural activation, which encourages engaging in rewarding activities to try to reboot the brain's reward centre.

Anhedonia can be quite challenging to treat but fortunately, more and more alternative treatments are being developed to try to counteract this. Although research is currently limited, some studies have shown promising results from using the anaesthetic ketamine to reduce anhedonia in treatment-resistant bipolar depression.

Other emerging treatments being explored include transcranial magnetic stimulation (TMS), which uses magnetic fields to stimulate specific brain regions; vagus nerve stimulation (VNS), which uses a device to send electrical impulses through the vagus nerve to stimulate the brain; and electroconvulsive therapy (ECT), which involves administering electrical currents under general anaesthesia to 'reset' brain chemistry. All three treatments have shown encouraging outcomes in not only reducing anhedonic symptoms but also in treating a wide range of other conditions, such as obsessive compulsive disorder (OCD) and treatment-resistant depression.

So what is the antidote to anhedonia? The American sociologist Corey Keyes first proposed the term 'languishing' to describe the void between depression and what he calls, 'flourishing'. Seen as the 'neglected middle child of mental health', languishing perfectly captures the essence of anhedonia, that of low-grade mental weariness and the absence of wellbeing. 'Flourishing', on the other hand, signifies the presence of positive emotions and is the pinnacle of good mental health.

Carey also describes 'flourishing' as the capacity to be present, feeling joy in the moment and as a feeling of liberation. She warns though that we must play an active role in trying to get out of this void if we are to thrive. "The trouble with the modern world is that unless we are careful, anhedonia is what we're going to default to," says Carey. "What we need now are a lot more people flourishing and not accepting anhedonia as their status quo." ■

WHY ANHEDONIA SHOULDN'T BE IGNORED

Although anhedonia may not seem as serious compared to other mental health problems that we hear about, this should not be a justification for simply brushing it aside. Not only can anhedonia be a stepping stone to developing major psychological problems, such as depression, substance abuse disorder and suicidal thoughts, but it can also be an indicator of poor physical health later on.

Research has shown that untreated anhedonia can be a risk factor for neurodegenerative diseases such as Alzheimer's disease, with a 2019 study discovering that those with anhedonia were five times more likely to develop dementia compared to those without the condition.

Anhedonia is also linked to an increased risk of suffering adverse cardiac events including heart attacks and strokes.