Amotivation as central to negative schizotypy and their predictive value for happiness

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Negative schizotypal traits may be related to anhedonia and/or amotivation; however it is unclear which of these symptoms is related to negative schizotypy to a greater extent. Moreover, the impact of schizotypal traits on overall subjective well-being remains uncertain. The present study examined these two questions in a non-clinical sample assessed for schizotypal traits (n = 138). Schizotypal traits were measured using the Schizotypal Personality Questionnaire, amotivation was assessed using Marin’s Apathy Evaluation Scale, anhedonia was assessed using the Snaith–Hamilton Pleasure Scale, and happiness was assessed using both the Satisfaction with Life Scale and a single-item happiness measure. Greater schizotypal traits were individually associated with both greater anhedonia and amotivation. Amotivation was a key predictor of negative schizotypy, with no independent predictive value offered by hedonic capacity. Furthermore, schizotypal traits, particularly negative schizotypal traits, were significantly associated with lower levels of happiness. This relationship between negative schizotypy and happiness remained even after controlling for the influence of amotivation. Our findings affirm that negative schizotypal traits are more closely related to symptoms of amotivation rather than anhedonia. Potential mechanisms mediating the relationship between negative schizotypy and happiness are discussed; nonetheless, future research exploring such mechanisms underlying lower well-being in schizotypy is needed.

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1. Introduction

Anhedonia has long been considered a core feature of the schizophrenia-spectrum (Meehl, 1962; Rado, 1953). In fact, dimensional scales assessing various facets of anhedonia (e.g., reduced hedonic reaction to social situations) have been adopted as measures of schizophrenia liability (i.e., schizotypy) (Chapman, Chapman, & Raulin, 1976; Gooding, Tallent, & Matts, 2005; Kwapil, 1998). Recent evidence, however, suggests that individuals with schizophrenia may, in fact, experience pleasure in the moment (Cohen & Minor, 2010; Kring & Moran, 2008), but are particularly impaired in their ability to mobilize motivational systems when pleasure is non-current (Gard, Kring, Gard, Horan, & Green, 2007; Heerey & Gold, 2007). The term anhedonia reflects one’s inability to experience pleasure (Ribot, 1896); whereas, the term amotivation, or apathy, reflects the lack of feeling, emotion, interest or concern, and is more closely related to goal-directed behaviour (Marin, 1990). Although anhedonic symptoms in schizophrenia have been shown to covary with symptoms of amotivation (Blanchard & Cohen, 2006; Horan, Kring, & Blanchard, 2006), the symptoms are not redundant and may be separable (Faerden et al., 2008; Strauss, Wilbur, Warren, August, & Gold, 2011). Indeed, the neurobiological substrates of hedonic reaction and motivated behaviour are dissociable (Berridge & Robinson, 1998; Berridge & Robinson, 2003). The nature of anhedonia in non-clinical schizotypy remains less clear, with some evidence suggesting impaired in-the-moment hedonic experience in this population (Chan et al., 2012; Cohen, Callaway, Najolia, Larsen, & Strauss, 2012; Gooding & Pflum, 2012; Kwapil, Brown, Silvia, Myin-Germeys, & Barrantes-Vidal, 2012; Martin, Becker, Cicero, Docherty, & Kerns, 2011). In addition, others have shown that motivational drive may be intact among schizotypal individuals
Participants were undergraduate students enrolled in a psychology course at the University of Toronto who voluntarily participated in the current study for course credit by individually enrolling on an on-line experiment registry (n = 187). Data were discarded for subjects with invalid responses (n = 46; see Measures below), and for those deviating from the sample mean on any measure by greater than three standard deviations (n = 3). A total of 138 subjects were included in the analyses. Means and standard deviations for demographic variables and all measurements are included in Table 1. Briefly, the participants had a mean age of 21 years and were 65% female. This study was approved by the research ethics board at the University of Toronto and all participants provided written informed consent before proceeding to the survey.

2.2. Instruments and procedure

All measures were completed as part of an online survey. The questionnaires were presented sequentially and all items within each questionnaire were randomized to minimize order effects. Schizotypal traits were measured using a Likert version of the 74-item Schizotypal Personality Questionnaire (SPQ) (Raine et al., 1994). It is noteworthy that DSM-III-R defined schizotypal traits are largely consistent with schizotypal traits outlined in DSM-IV (American Psychiatric Association, 2000), Higher scores on the SPQ denote greater expression of schizotypal traits. Amotivation was measured using the 18-item Likert-based self-report version of the Apathy Evaluation Scale (AES) (Marin, Biedrzycki, & Firinciogullari, 1991). Higher scores on the AES denote greater severity of amotivation or apathy. Hedonic capacity was measured using the 14-item Likert-based Snaith–Hamilton Pleasure Scale (SHAPS) (Snaith et al., 1995). Higher scores on the SHAPS denote greater pleasure capacity or lower levels of anhedonia. Satisfaction with Life was measured with the 5-item Likert-based Satisfaction with Life Scale (SWL) (Diener, Emmons, Larsen, & Griffin, 1985). Higher scores on the SWL denote greater overall life satisfaction. Happiness was assessed using a Likert-based single-item (Abdel-Khalek, 2006). Of note, the SWL and happiness measure were presented before the other scales to avoid focusing confounds (Kahneman, Krueger, Schkade, Schwarz, & Stone, 2006).

All scales demonstrated good internal reliability (all Cronbach’s α > 0.8). To screen for random or invalid responding we created a series of questions that, if endorsed, would suggest invalid responses. The questions were as follows: “I can remember a time when I spoke to someone who wore glasses” (reverse coded), “Have you ever felt tired or sleepy” (reverse coded), “I am lying on this questionnaire” and “My responses to this questionnaire are falsified”. Subjects endorsing any of these four validity questions were excluded from the analyses (Fervaha & Remington, 2013).
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