Aberrant Asociality: How Individual Differences in Social Anhedonia Illuminate the Need to Belong

By: Paul J. Silvia, Thomas R. Kwapil

Abstract:

The need to belong, a fundamental concept in psychology, organizes a wide range of findings in the study of interpersonal relationships. We suggest that human belongingness needs can be illuminated by examining when they go awry. We review research on *social anhedonia*, a trait that involves a marked disinterest in interpersonal contact. Social anhedonia has a long history in clinical psychology, particularly in the study of schizotypy and schizophrenia-spectrum disorders, but it is just starting to get attention from social and personality psychologists. Three lines of research—cross-sectional studies of individual differences, longitudinal studies of risk for psychopathology, and experience-sampling studies of interpersonal behavior—suggest that (1) social anhedonia represents genuine social disinterest, not merely shyness, introversion, or social anxiety, and (2) people high in social anhedonia have consistently poorer functioning, including a higher risk for developing schizophrenia-spectrum disorders. Just as satisfied relatedness needs promote flourishing, dysfunctional social needs promote psychopathology.

Keywords:

psychology | aberrant asociality | interpersonal relationships | belonging | social anhedonia | schizotypy

Social psychologists view people as social animals, and this simple assumption about human nature organizes and explains much about interpersonal and intergroup processes (Baumeister & Leary, 1995; Hornsey & Jetten, 2004; Leary, 2007; Leary & Kelly, 2009). The need to form close, enduring, and significant relationships with other people is a cardinal feature of human behavior, so human belongingness provides a good starting point for considering the intersection of personality and interpersonal relationships.

Our work on the need to belong comes primarily from a psychopathology approach. In this approach, researchers illuminate normal psychological processes by studying cases in which those processes break down, go wrong, or develop abnormally, usually resulting in distress or impairment. Psychopathology is obviously important to study in its own right, but abnormal processes have much to teach about normal processes. We suggest that belongingness needs can be illuminated by considering *social anhedonia*, a construct popular in some areas of psychiatry and clinical psychology but generally unknown in social and personality psychology. People high in social anhedonia are disinterested in social contact, social interaction, and intimate relationships, and this disinterest stems from finding social interaction unrewarding instead of threatening (as in social anxiety or paranoia). In other words, the dysfunction in social anhedonia results from diminished positive affect (PA) associated with social contact instead of elevated negative affect (NA). People high in social anhedonia thus offer an intriguing window into the need to belong.

In this article, we review several bodies of work on social anhedonia: cross-sectional studies of individual differences, longitudinal studies of the development of psychopathology, and experience-sampling studies of everyday interpersonal behavior. A theme that runs throughout these literatures is that social anhedonia predicts significantly poorer functioning. Research on social anhedonia thus replicates core findings in research on the need to belong, but it does so from the other direction: Just as expressing a normal belongingness need promotes well-being, being deficient in this fundamental human need predicts poor mental health outcomes across the life span.

The Construct of Social Anhedonia

Most of the theoretical and empirical work on social anhedonia has occurred within the study of schizotypy and schizophrenia. Although specific models vary, schizotypy generally refers to the clinical and subclinical cognitive, affective, and behavioral expressions of the neurodevelopmental vulnerability for schizophrenia (Kwapil, Barrantes-Vidal, & Silvia, 2008).

Thus, schizophrenia and related spectrum disorders are presumed to represent the most severe manifestations of schizotypy. This model indicates that mild and transient forms of the symptoms and impairment seen in full-blown schizophrenia—including social disinterest—should be expressed across the schizotypy continuum. Schizotypy is presumed to be multidimensional: It has a positive symptom dimension, characterized by odd beliefs and unusual perceptual experiences, and a negative symptom dimension, characterized by flattened affect, impoverished cognition, and decreased interest in the world (including social anhedonia). Note that social anhedonia is not meant to describe enjoyment of solitary activities, normal introversion, or the occasional preference to be alone within the context of healthy social interests (Leary, Herbst, & McCrary, 2003); instead, it represents a traitlike disinterest in social contact, social withdrawal, and diminished pleasure during social situations.

A recent PsycInfo search on the term *social anhedonia* revealed 134 results, of which 122 involved studies or reviews of schizotypy or schizophrenia published primarily in clinical psychology or psychiatry journals. Only two of these papers were published prior to 1976, but the construct of social anhedonia has its roots in the foundational writings of Kraepelin (1913/1919) and Bleuler (1911/1950). Both Kraepelin and Bleuler noted that social disengagement and disinterest characterized many patients with dementia praecox or schizophrenia. Social anhedonia played a central role in Rado's (1956) model of the development of schizophrenia, which greatly influenced Meehl's (1962, 1990) landmark theory of schizotypy. Rado suggested that anhedonia was a genetically transmitted characteristic that afflicted both patients with schizophrenia and nondisordered schizotypes. Meehl (2001) subsequently shifted from the term *anhedonia* to *hypohedonia*, which he broadly defined as an "impaired disposition to experience pleasure, accompanied behaviorally by weakened effect of objective positive reinforcement in conditioning and maintaining operants and respondents" (p. 189). Although Meehl allowed the use of anhedonia to denote the hypohedonic extreme, the majority of the schizotypy and schizophrenia literature have continued to use the term *anhedonia*. Both Meehl (1962) and Rado (1956) indicated that anhedonia was central to the social deficits reported in schizotypy and schizophrenia.

Meehl's initial formulation suggested that anhedonia was a fundamental feature of schizotypy and that social anhedonia was a primary manifestation. In later formulations of schizotypy, Meehl (1989, 1990) suggested that hypohedonia (especially in the social domain) may not be a fundamental, etiological characteristic of schizotypy but may reflect a combination of polygenic factors and aversive drift. He saw these effects as continuous in contrast to the taxonic nature of schizotypy. However, longitudinal studies suggest that premorbid characteristics of social anhedonia are powerful predictors of the development of schizophrenia and related disorders (e.g., Kwapil, 1998; Weiser et al., 2007). Furthermore, several studies (Blanchard, Gangestad,

Brown, & Horan, 2000; Horan, Blanchard, Gangestad, & Kwapil,2004) suggested that social anhedonia was taxonic in nature. Thus, in contrast to Meehl's revised formulation, social anhedonia appears to be a central characteristic of schizotypy and may in turn worsen the clinical course of schizotypes by preventing them from receiving the protective benefits of social contact. Social disinterest is a characteristic of the current diagnostic formulation of schizophrenia, as well as of schizoid and schizotypal personality disorder, but social anhedonia is not the only form of social impairment characteristic of schizotypy and schizophrenia. Social anxiety is frequently reported in schizotypes and is often related to suspicious beliefs and paranoid delusions. Despite the fact that social anhedonia and social anxiety can both lead to social impairment, they appear to result from different pathways. As noted, social anhedonia appears to be largely driven by decrements in the experience of PA, but social anxiety is associated with both excessive NA and diminished PA (Kashdan, 2007). Social disinterest is also a common feature of depressive disorders. However, social disinterest in depression is generally limited to the acute episode of depression, whereas social anhedonia associated with schizotypy is more traitlike and enduring (Blanchard, Horan, & Brown, 2001).

What Has Research Shown?

What are socially anhedonic people like? In this section, we characterize the construct of social anhedonia by considering three kinds of research: cross-sectional studies of subclinical samples, longitudinal studies of risk for psychopathology, and experience-sampling studies of interpersonal behavior in everyday life. Collectively, these bodies of work make two important points: Social anhedonia appears to represent diminished social interest, not simply high social anxiety, and social anhedonia is a risk factor for several mental health disorders.

A number of scales or subscales have been developed to assess the social dysfunction that is presumed to be part of schizotypy and schizophrenia. Many of these measures, however, have focused exclusively on diagnostic features or have confounded the assessment of social anxiety and social anhedonia. Eckblad, Chapman, Chapman, and Mishlove (1982) thus developed the 40-item Revised Social Anhedonia Scale to assess the schizoid asociality and indifference to others that was presumed to characterize negative symptom schizotypy. Sample items include "Having close friends is not as important as people say" [keyed true] and "I sometimes become deeply attached to people I spend a lot of time with" [keyed false]. Confirmatory factor analysis studies (e.g., Brown, Silvia, Myin-Germeys, Lewandowski, & Kwapil, 2008; Kwapil et al., 2008) indicate that the scale loads highly on a negative symptom schizotypy factor but that it also has a small cross-loading onto a positive schizotypy factor—suggesting that the scale may, to a small extent, also tap impairment that is associated with social anxiety. Most of the research reviewed later in this article has used this measure to assess the construct of social anhedonia.

Cross-Sectional Studies of Social Anhedonia

The most straightforward way to characterize social anhedonia is to explore its web of relationships with other constructs. Kwapil et al. (2008) examined the relations of their negative symptom schizotypy factor (based in large part on loadings from the Revised Social Anhedonia Scale) with Five-Factor Model personality dimensions using the NEO-PI-R (Costa & McCrae, 1992) in a sample of 780 college undergraduates. They found that after partialing out variance associated with positive symptom schizotypy, the negative symptom dimension was inversely associated with Extraversion ($r_p = -.53$), Openness to Experience ($r_p = -.41$), and Agreeableness ($r_p = -.26$), but it was not significantly correlated with Neuroticism or Conscientiousness. Using data from this sample, we examined the correlations of the Revised Social Anhedonia Scale with the five-factor domains, and we found a large effect size for the association with Extraversion ($r = -.56$) and a small effect for the association with Agreeableness ($r = -.28$). Not surprisingly, social anhedonia was inversely associated with the Extraversion facets of gregariousness ($r = -.62$), warmth ($r = -.59$), positive emotions ($r = -.46$), and excitement seeking ($r = -.33$). These findings are consistent with the notion that social anhedonia is primarily driven by a diminution of positive emotion and a lack of interest in or enjoyment of social interaction, not heightened negative affect. Furthermore, the effect size for the association of social anhedonia with Neuroticism (which provides an index of negative affect) was minimal ($r = .15$). Similar to the personality trait findings, further reanalysis of the Kwapil et al. (2008) data indicated that social anhedonia was significantly associated with interview-based ratings of social withdrawal ($r = .52$), flattened affect ($r = .34$), and anhedonia ($r = .33$).

Many studies have reported that social anhedonia is associated with interview-based ratings of schizotypal, schizoid, and paranoid symptoms in nondisordered young adults (e.g., Horan, Brown, & Blanchard, 2007; Kwapil, Crump, & Pickup, 2002). In addition to elevated symptom ratings, social anhedonia is associated with impaired functioning (e.g., Kwapil et al., 2002). Collins, Blanchard, and Biondo (2005) reported that participants from a community sample who scored highly on the Revised Social Anhedonia Scale exhibited constricted facial affect, physical anergia, odd speech, and a lack of verbal and nonverbal expression relative to control participants. Consistent with the dimensional model of schizotypy, the elevated symptom ratings and behavioral impairment were found in nonclinically ascertained samples of college students and community members.

As noted earlier, social withdrawal in social anhedonia is presumably due to social disinterest, not to fearfulness or wariness. The social withdrawal in social anxiety, in contrast, is presumably due to viewing others as potentially critical, hostile, or rejecting (Leary & Kowalski,1995). We have described the difference between social anhedonia and social anxiety with an approach-

avoidance metaphor of motivation (Brown, Silvia, Myin-Germeys, & Kwapil, 2007). Socially anxious people have a normal need to belong (an approach motive) that conflicts with their social fears (an avoidance motive). Socially anhedonic people, in contrast, have a diminished need to belong (a diminished approach motive). Socially anxious people are thus caught in an approach-avoid dilemma—they desire close relationships but fear criticism and rejection— whereas socially anhedonic people simply lack the urge to approach and connect with other people.

A cross-sectional study of social anhedonia and social anxiety found that the two constructs were only moderately related (Brown et al.,2008). Social anhedonia correlated moderately with the Social Interaction Anxiety Scale (SIAS; $r = .32$) and the Social Phobia Scale (SPS; $r = .23$), two widely used measures of social discomfort and anxiety (Mattick & Clarke, 1998). We found, in addition, that these effects were significantly nonlinear: the relationships were strongest when social anhedonia was low, and they diminished as social anhedonia increased. Figure 1 depicts the scatter plot of the two variables with a reference line at 2 *SD*. For people whose social anhedonia scores were 2 *SD*s above the mean, only 10% had SPS scores above 2 *SD*s. In other words, many people were low in both social anhedonia and social anxiety, but few people were high in both. It is likely, too, that the shared variance reflects the resulting social discomfort associated with both rather than anxiety per se, an interpretation supported by the experience-sampling research we discuss later.
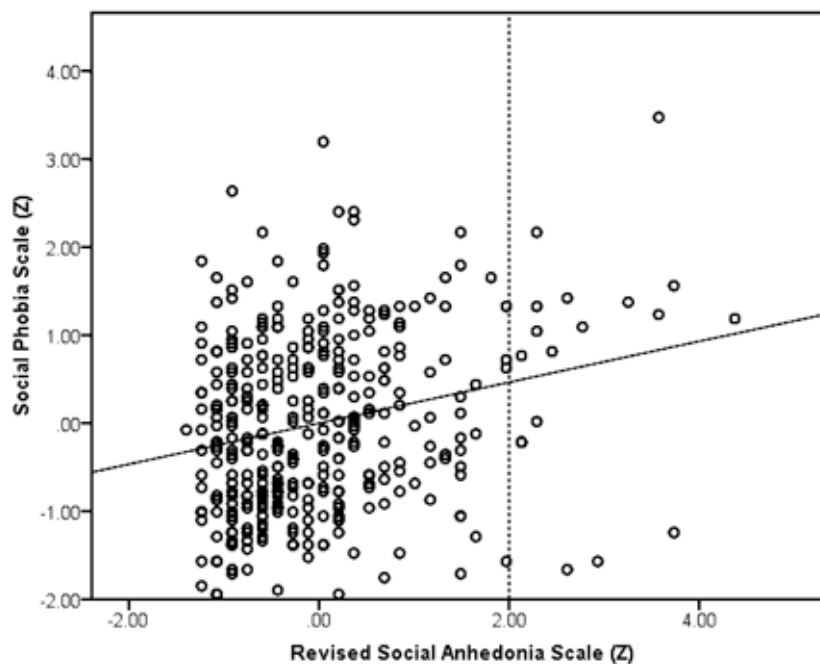

Figure 1. Scatter plot of Revised Social Anhedonia Scale scores and Social Phobia Scale scores.

Longitudinal Studies of Risk for Psychopathology

Our review of cross-sectional research showed that social anhedonia covaries with markers of poor functioning and psychopathology. But does social anhedonia predict the development of psychopathology across time? Several longitudinal studies have examined how social anhedonia predicts the onset of various mental illnesses, with an emphasis on schizophrenia-spectrum disorders.

Kwapil (1998) reported findings from a longitudinal study of college students who scored highly on the Revised Social Anhedonia Scale and control participants based on data from Chapman, Chapman, Kwapil, Eckblad, and Zinser's (1994) longitudinal study of schizotypic young adults. The mean age of the participants was 19.3 years at the initial assessment and 30.1 years at the follow-up assessment. Ninety-six percent of the 180 participants were reassessed at the follow-up assessment. At the initial assessment, as expected, the social anhedonia group reported more impaired social functioning, but the groups did not differ on measures of psychopathology. At the 10-year follow-up assessment, however, the social anhedonia subjects were markedly impaired. Twenty-four percent of them suffered from schizophrenia-spectrum disorders, compared to just 1% of the control group. In addition, the social anhedonia subjects who were not diagnosed with these disorders still exhibited higher ratings of schizophrenic symptoms, poorer overall adjustment, and greater social impairment relative to the control group. In contrast to the findings of Chapman et al. (1994) for positive symptom schizotypy, the social anhedonia subjects appeared specifically at risk for schizophrenia-spectrum psychopathology, but not mood or substance use symptoms or disorders.

Interestingly, the anhedonic subjects in this study did not appear especially schizotypic in late adolescence or early adulthood. However, 10 years later, they were grossly deviant, raising the question "what happened to the social anhedonia subjects between ages 20 to 30?" Perhaps the social structure and contact that was built in to their home of origin and, to a lesser extent, the college environment provided protection against schizotypic psychopathology—protection that would be decreasingly available as they moved from their home of origin to college and to the "real world." Socially anhedonic people tend not to have and not to want social contact, so they lose the protection that it can provide. This may prove especially problematic for people who are also exhibiting early symptoms of schizophrenia because they may not enlist social and professional support. Thus, the effects of social anhedonia compound as adolescents leave their homes of origin and leave college—consistent with the deterioration in the social anhedonia subjects at the follow-up assessment.

In a later study, Gooding, Tallent, and Matts (2005) conducted a 5-year follow-up of people who had completed measures of social anhedonia and other dimensions of schizotypy during college. Based on pretest scores, people were sorted into groups, such as a high social anhedonia group (at least 2 *SD*s above the average) and a control group (below-average scores on all the schizotypy scales). Five years later, people in the social anhedonia group had significantly higher rates of schizophrenia-spectrum diagnoses (15.6%) compared to people in the control group (0%). If avoidant personality disorder is included as a schizophrenia-spectrum disorder, the rate rises in the social anhedonia group (18.75%) but remains at 0% in the control group (Gooding, Tallent, & Matts, 2007).

Further evidence for a longitudinal link between social anhedonia and schizophrenia-spectrum disorders comes from a comparison of people diagnosed with either schizophrenia or major depression at an inpatient hospital facility (Blanchard et al., 2001). At admission, people in the schizophrenia and major depression groups had higher social anhedonia levels than people in a nondisordered control group. One year later, however, people with schizophrenia continued to show elevated social anhedonia, but people with major depression that remitted showed a drop in social anhedonia.

Social Anhedonia in Everyday Life: Experience-Sampling Studies

What does daily life look like for people high in social anhedonia? It is hard for people to opt out entirely from social contact, so how does social anhedonia influence how people choose, manage, and experience everyday social interactions? Such questions are the province of experience-sampling methods, which provide a textured look at people's complex social worlds. Experience sampling is particularly valuable for exploring social anhedonia because people who report high social anhedonia on a self-report scale might be wrong about their social needs. Social psychology offers many examples of how people's beliefs about their motives can be inaccurate (e.g., Leary et al., 2003). It's conceivable that socially anhedonic people, although nevertheless at risk for poor outcomes (Kwapil, 1998; Lewandowski et al., 2006), have normal belongingness needs but have adopted an available cultural self-concept that emphasizes individualism, such as the self as a "lone wolf" or a "lone genius." Experience-sampling methods illuminate what people do and think in daily life, so they can reveal whether people high in self-reported social anhedonia show markers of genuine social disinterest in their everyday interactions.

To date, we have conducted three experience-sampling studies specifically focusing on the experience of social anhedonia in daily life. In our first study (Brown et al., 2007), we wanted to compare social anhedonia and social anxiety, which we view as two different ways in which the need to belong can go wrong. As noted earlier, we view social anxiety as an approach-avoid

conflict: Socially anxious people have an intact need to belong, but their belief that others are threatening and critical thwarts the natural expression of this need. Consistent with this view, research shows that socially anxious people do have close friends, intimate relationships, and meaningful interactions with others (Leary & Kowalski, 1995; Pontari, 2009). Social anhedonia, on the other hand, can be viewed as a diminished approach motive: People high in social anhedonia lack the positive push toward meaningful, close contact with other people.

We recruited college students to take part in a weeklong experience-sampling study in which they were prompted eight times a day at random times. Each prompt asked questions about what they were doing, particularly if they were alone or with other people, what their current emotional state was like, and what they thought about being alone (when alone) or the ongoing interaction (when with others). The study found many interesting contrasts between social anhedonia and social anxiety, and it found support for our view that people who report high levels of social anhedonia exhibit genuine social disinterest in their everyday lives.

One simple but important finding was that social anhedonia predicted whether people were alone when beeped. People high in social anhedonia were more likely to be alone, but people high in social anxiety were not. Social anhedonia was also associated with less PA overall in daily life, consistent with its anhedonic character, whereas social anxiety was associated with less PA and with greater NA, sadness, anxiety, and self-consciousness. In addition to these overall relationships, several interesting effects appeared for the experience of social interactions. When people were with other people, they were asked items regarding closeness to the other person and items regarding whether they would prefer to be alone instead. When with others, social anhedonia predicted a preference for solitude—feelings of closeness did not moderate this effect, in part because socially anhedonic people do not have many close interactions. Social anxiety, however, interacted with closeness. When closeness was high, social anxiety predicted less NA, less self-consciousness, and less preference for solitude.

In short, the pattern of behavior and experience is consistent with our views of the difference between social anhedonia and social anxiety. Social anhedonia predicted greater solitude and an overall desire to be alone when with other people. Social anxiety, in contrast, predicted feeling awkward when in nonclose interactions but more comfortable in close interactions, and socially anxious people were not more or less likely to be alone.

In our second study, we sought more detail about the daily lives of the socially anhedonic (Kwapil et al., 2009). We collected another sample of college students, most of whom completed the weeklong experience-sampling study during the summer. College students have more control over their daily schedules during the summer, so we expected that belongingness needs would

manifest in behavior more strongly. Our second study replicated and extended our earlier work. Socially anhedonic people were again significantly more likely to be alone when beeped; about a third of the variance in solitude was explained by social anhedonia. When people were alone, social anhedonia predicted saying that they enjoyed being alone and were alone by choice; it negatively predicted saying that they would rather be with other people. Social anhedonia was not associated with the belief that they were alone because other people did not want to be with them.

Socially anhedonic people were not always alone, and their experience of social interactions suggested social disinterest. Social anhedonia predicted being in larger and less intimate groups as well as with indicating a preference to be alone, a lower sense of closeness to the other people, and less enjoyment of the interaction. Finally, social anhedonia predicted how solitude and social interaction predicted people's current PA and NA. As social anhedonia increased, people experienced more PA and less NA when alone. This indicates that socially anhedonic people do really seem to prefer solitude.

More recently, we examined the expression of negative schizotypy in daily life in 412 college students who were oversampled for participants scoring highly in positive or negative schizotypy (Kwapil, Barrantes-Vidal, Brown, Silvia, & Myin-Germeys, 2010). Note that negative schizotypy factor scores involved large loadings from the Revised Social Anhedonia Scale. The findings were consistent with the previous results: Negative schizotypy was associated with reports of decreased PA, increased likelihood of being alone, greater social distance, preference to be alone when with others, and a decreased preference to be with others when alone. To illustrate this, college students who scored 1 *SD* or less on negative schizotypy ($n = 311$) reported being alone 36% of the time, but participants scoring at least 2*SD*s above the mean ($n = 34$) averaged being alone 53% of the time (despite the fact that being a university student provides many opportunities for social contact). Furthermore, the desire to be alone when with others was associated with decreased PA in the moment for negative schizotypy—not increased anxiety. These findings support the notion that social anhedonia is driven by diminished reward, not elevated anxiety.

Some Implications of Social Anhedonia for Belongingness Research

Need Satisfaction and Psychological Flourishing

The organismic tradition on belongingness needs (Ryan, Sheldon, Kasser, & Deci, 1996) contends that satisfying the need for relatedness promotes positive psychological functioning, and a lot of research, using different contexts and methods, has shown the significance of satisfying relatedness needs (e.g., Reis, Sheldon, Gable, Roscoe, & Ryan, 2000; Sheldon, Elliot,

Kim, & Kasser, 2001; Sheldon & Gunz, 2009). Although grimmer, a psychopathology approach offers another way of examining the role of belongingness needs in positive development and functioning. Our review of research on social anhedonia suggests that the need to belong has gone awry in the socially anhedonic: People high in social anhedonia show marked signs of social disinterest and do spend more time alone. It's clear, however, that a life of asocial solitude is not an alternate path to psychological health. The collected body of research is pretty definitive: Social anhedonia is a prominent risk factor for the development of several mental illnesses, particularly schizophrenia-spectrum disorders. Just as gratifying normal needs for relatedness predicts flourishing, lacking these normal needs predicts poorer concurrent and longitudinal functioning. The elevated risk for psychological problems supports an organismic view of belongingness needs, in which the need for relatedness is an innate and cardinal human need with profound implications for human functioning rather than an ordinary goal or motive.

The Complexity of Solitude

Literature and film are full of characters described as "hermits" who opt out of social contact, but social and personality psychology have not spent much time considering why social creatures often choose to be alone. In their study of solitude, Leary et al. (2003) pointed out that people can choose to be alone for many reasons: The two classes of reasons they focused on were enjoying time alone and avoiding other people. They found that enjoying time alone was normal among a sample of college students.

Our experience-sampling work on social anhedonia illustrates the complexity of solitude. In our daily-life data, social anhedonia and social anxiety predicted different reasons for solitude. Socially anxious people were more likely to be alone because they expected others to be critical or rejecting (Brown et al., 2007), which represents avoiding other people. Socially anhedonic people, in contrast, seemed to prefer being alone—they typically said they were alone by choice and not because others did not want to be with them, they typically expressed a desire to be alone when they were with other people, and they had greater PA and lower NA when alone (Kwapil et al., 2009).

The motivational basis for being alone is thus important to understanding the psychological meaning of solitude. The ability to enjoy solitude is seen as normal and a sign of psychological maturity (e.g., Rufus, 2003), but people can enjoy solitude for distinct reasons with different implications for well-being. When viewed against a backdrop of a normal need to belong, enjoying solitude certainly is not aberrant—time alone provides opportunities to work on goals that require solitude, to think and reflect, and to reduce the stimulation, uncertainty, and responsibilities that social interactions bring (Burger, 1995; Leary et al., 2003). But when viewed against a backdrop of a deficient need to belong, enjoying solitude is a marker of risk for

psychopathology. Choosing to be alone has a different meaning for people who have difficulties gaining normal pleasure from the company of others, and over time this preference for solitude predicts poor psychological functioning.

Bringing Social Anhedonia Into Social and Personality Research

Social anhedonia has historically been studied in clinical psychology and psychiatry, so it isn't surprising that most of the research has been conducted using self-report assessment, clinical interviews, and longitudinal methods. Experimental social psychology has a rich tradition of paradigms for studying belongingness, such as methods for studying responses to ostracism (Williams, 2007), social exclusion and rejection (DeWall, Maner, & Rouby, 2009; DeWall, Twenge, Gitter, & Baumeister, 2009), social acceptance (Leary, Tambor, Terdal, & Downs, 1995), in-group categorization (Tajfel & Turner, 1986), and impression management (Pontari & Schlenker, 2000).

The many cognitive and behavioral measures developed in social psychology could illuminate the mechanisms and boundaries of social anhedonia. For example, how do people high in social anhedonia respond to social acceptance and inclusion? How do they categorize themselves as part of in-groups, and do they show in-group favoritism? What tactics do they use to make favorable impressions on strangers? Apart from being interesting in their own right, such studies could reveal just how awry the need to belong has gone in social anhedonia.

Conclusion

We have suggested that social anhedonia can illuminate the need to belong, perhaps the most fundamental social need (Leary, 2007). Like all things that are fundamental to human functioning and survival, the need to belong works well for most people most of the time: Most people seek out and enjoy the company of others. The need to belong can be thwarted in some cases—such as when people's desire for close, meaningful interactions are counterposed by the belief that others are dangerous and critical—but in these cases people nevertheless desire close social contact. It is the rare cases in which people fail to gain normal pleasure from social interaction that the need to belong has gone seriously awry. Based on research thus far, people high in social anhedonia do seem to be disinterested in social contact, not merely anxious or conflicted, and over time this disinterest represents a major risk factor for the development of psychopathology. Failing to satisfy normal belongingness needs thus predicts the occurrence of psychological problems, not simply the absence of positive development and flourishing.

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