Examining Side Effects and Emotional Blunting of Antidepressants

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Abstract

This study examined the differences between side-effects and emotional blunting in those currently taking an antidepressant versus those not taking one. It was predicted that the incidence of each side-effect would be significantly greater for those currently taking an antidepressant, and that the side-effects would decrease with time taking the medication. It was also expected that the degree of emotional blunting would be significantly greater for those currently taking an antidepressant than for the other two groups, and that emotional blunting would decrease over time. The data for this study was from a 45 question survey that was successfully completed by 256 participants. The survey questions asked about demographic information, side-effects experienced, and the degree of emotional blunting experienced by the participants. Results revealed a significant difference in the rates of side-effects among the three groups, as well as a significant difference in emotional blunting scores among the three groups. These results suggest that those with experience taking an antidepressant either currently or previously experience significantly worse side-effects and emotional blunting than those who have never taken one.

Introduction

In the hectic lifestyle characteristic of the modern world, it is all too common to experience extended periods of dysphoria and feelings of meaninglessness, helplessness, and hopelessness, all defining features of mood disorders (O'Mullan, Doherty, Coates, & Tilley, 2014). Despite 70 years of clinical studies yielding only relatively thin threads of data pointing to biological underpinnings of depression, there is little doubt that combining psychotherapy with antidepressants is the most effective intervention (Read, Grigoriu, Gee, & Butler, 2020; Santarsieri & Schwartz, 2015). This integration allows the client to develop skills to resolve current issues and successfully contend with future issues while the medications reduce the symptoms of depression (Read et al., 2020). The drug employed is typically tailored to the specific symptoms a patient presents and designed to either address potential imbalances in one or more neurotransmitters (e.g., serotonin, norepinephrine, dopamine). They could also alter the workings of specific enzymes (e.g., monoamine oxidase inhibitors, St. John's Wort).

The first types of antidepressants developed were based upon either the inhibition of specific enzymes (e.g., monoamine oxidase inhibitors or MAOIs) or a more general approach that simultaneously altered serotonin and norepinephrine levels (e.g., the tricyclics). The MAOIs, which work by inhibiting the enzyme monoamine oxidase's activity, prevent monoamine neurotransmitters' breakdown (Santarsieri & Schwartz, 2015). The tricyclics' three-ring structure inhibits the reuptake of serotonin and norepinephrine, thus elevating their respective levels. The MAOIs and tricyclics were effective but presented significant safety concerns and challenges, and while the elevations of serotonin and norepinephrine levels were considered to be desirable and beneficial, pharmaceutical companies began to develop agents capable of yielding similar effects by different, safer, and more effective mechanisms (Anderson, Pace, Libby, West, &

Valuck, 2012; Bet, Hugtenburg, Penninx, & Hoogendijk, 2013; O'Mullan et al., 2014; Read et al., 2020).

The first of the newer antidepressants' primary mode of action selectively blocked serotonin's reuptake (e.g., the SSRIs), and these remain the most widely prescribed class of antidepressants (Kikuchi, Suzuki, Uchida, Watanabe, & Mimura, 2013; Santarsieri & Schwartz, 2015). The selectivity of the SSRIs helps to avoid the anticholinergic and cardiac side-effects that are seen with tricyclics (Santarsieri & Schwartz, 2015). Then a new class of drug was produced that extended the SSRI mechanisms to inhibit the reuptake of both serotonin and norepinephrine (e.g., the SNRIs); these drugs were also associated with less severe side-effects than older medications. Despite the specificity of the SSRI and SNRI mechanisms, some side-effects have been reported (Kikuchi et al., 2013; O'Mullan et al., 2014) and prompted research into more natural treatments such as the medicinal plant. One of these treatments is St. John's Wort, which has an active ingredient of hypericin, one of the main functional parts of hypericum. The initial biochemical studies report St John's Wort weakly inhibits both monoamine oxidase (MAO) and the reuptake mechanisms for serotonin, dopamine, and norepinephrine (Bet et al., 2013; Crawford, Lewis, Nutt, Peters, Cowen, O'Donovan, . . . Lewis, 2014; Mischoulon, 2009).

The incidence of side-effects is typically higher for patients with more severe levels of depression, those with three or more concurrent psychiatric diagnoses, and those maintained on higher doses of antidepressants. The number of side-effects was lower for older patients. Also side-effects are often more intense in the beginning of antidepressant use which can lead to early termination of treatment (Anderson, 2012; Crawford et al., 2014; O'Mullan et al., 2014), with tricyclics associated with the most side-effects, especially severe dry mouth and constipation

(Bet et al., 2013). Outside of clinical drug testing sites, the lack of standardized terminology complicates the determination of specific side-effects. A recent study reported that of 342 antidepressant users, only 17.3% reported exclusively positive responses (e.g., daily coping, life-changing and life-saving). In contrast, 42.7% reported purely negative reactions (e.g., physical adverse effects, emotional and cognitive blunting, and withdrawal effects (Read et al., 2020).

A commonly prescribed class of antidepressant, SSRI, has also been linked to a general syndrome of indifference. Indifference can be looked at from a behavioral and an emotional perspective. When indifference is looked at from an emotional perspective, it is called emotional blunting. Emotional blunting due to antidepressant use presents itself as a reduction in emotional sensitivity along with a sense that emotions are numbed. Emotional blunting lowers the intensity of all emotions both positive and negative, which can lead to a diminished emotionality in both personal and professional relationships (Sansone & Sansone, 2010). There is not currently adequate research on the phenomenon of emotional blunting among those taking antidepressants.

For the current study, the incidence of selected side-effects (e.g., increased appetite and weight gain, loss of sexual desire and other sexual problems, fatigue and drowsiness, insomnia, dry mouth, blurred vision, constipation, dizziness, agitation, irritability, and anxiety) were examined in a sample of adults over the age of 18, some of whom had never taken an antidepressant, some of whom had currently taken an antidepressant but were no longer doing so, and some of whom were currently taking an antidepressant. It was predicted that the incidence of each side-effect would be significantly greater for those currently taking an antidepressant. It was also predicted that side effects would decrease with time (as in Crawford et al., 2014), and so

therefore would be significantly lower for those taking antidepressants for longer than for shorter durations.

Further predictions were made regarding emotional blunting. It was expected that the degree of emotional blunting would be significantly greater for those currently taking than for those not currently taking an antidepressant. It was unclear how those who had previously taken antidepressants but were no longer doing so would be affected. The degree of emotional blunting was also compared to duration of taking the medication. It was also predicted that emotional blunting, like side effects, would decrease over time and therefore be lower in those taking antidepressants for longer than for shorter durations.

Method

Participants

The sample consisted of 259 participants. However, 3 participants were excluded since they did not answer a sufficient number of the survey questions, and so the final sample included 256 individuals. There were 221 females, 32 males, 2 individuals who identified as nonbinary, and 1 agender particpant. The age of the participants ranged from 11-82 years old, with a mean age of 35.26.

The survey asked participants about their current employment/ student status and they were instructed to check all that applied to them. Among the participants, 154 were full time students, 14 were part time students, 108 worked part time jobs, 53 were employed full time, and 15 were currently unemployed. In terms of relationship status 110 were single, 87 were in a committed relationship, 37 were married, 12 were cohabiting, 6 were divorced, and 4 were widowed.

When asked if they had ever been diagnosed with depression, 99 participants said yes and 157 said no. The average age of diagnosis was 19.4 years of age. There were 64 participants who indicated that they were currently taking an antidepressant, 28 who said that they had previously taken an antidepressant but were not currently doing so, and 164 who had never taken an antidepressant. Among those who were currently taking an antidepressant, the average length of use was 45.67 months, or just under 4 years. Out of the 64 participants currently taking an antidepressant, 55 were taking an SSRI and 9 were taking a different category of drug (e.g., SNRI, NDRI, or aminoketone).

Procedure

A 45-question survey was created in Google Forms and advertised through social media, word of mouth, and academic classes at Rider University. Through wide distribution of the survey, the goal was to obtain a sample of people of multiple ages, ethnicities, and socioeconomic backgrounds.

The survey used for this study consisted of questions in three different categories. For the full list of questions, see the Appendix. The survey began with demographic questions for example, "With which gender identity do you most identify?" The demographic section also inquired about the individuals' history of depression and antidepressant use (e.g., "Have you ever been diagnosed with depression?"). The next section asked questions about the frequency with which participants felt the known side-effects of antidepressants. Before these questions were answered the participants were instructed, "For each item #11 through 23, please rate on a scale from 1 to 5 how frequently you have experienced it in the last 6 months, with 1 being very infrequently and 5 being very frequently." Examples of side-effects included in this section were increased appetite, weight gain, and loss of sexual desire. The final set of questions were about

emotional blunting. The directions for this section stated, “For the statements in items #24 through 45, please rank your agreement on a scale of 1 to 5, with 1 being strongly disagree and 5 being strongly agree.” The emotional blunting questions used in the survey were adapted from The Oxford Questionnaire on the Emotional Side-effects of Antidepressants (OQuESA) as described by Price and colleagues (2012). Examples of questions used to measure emotional blunting included, “Because I don't care so much about things, I'm having problems at home,” and, “I feel spaced out and distant from the world around me.”

Results

In order to measure the side effects experienced, a total score was calculated for each participant by adding the scores (1-5) for each of the 13 side effects together. The maximum possible score would be 65, which would indicate that the individual experienced each side effect very frequently. A One-Way ANOVA was then conducted to compare the total side effects score among those currently taking an antidepressant, those who had previously taken an antidepressant, and those who had never taken an antidepressant. The results revealed a significant difference among the three groups, $F(2, 254) = 10.14$, $p = 0.000058$. Post-hoc analyses indicated that those who are currently taking an antidepressant experienced side effects at a significantly higher rate ($M = 36.11$) than those who had never taken an antidepressant ($M = 30.89$), $p = 0.0159$. Additionally, those who had previously taken an antidepressant also had higher levels of side effects ($M = 37.29$) than those who had never taken one, $p = 0.0022$.

In order to measure emotional blunting, a total score for each participant was calculated by adding the scores (1-5) for each of the 22 emotional blunting questions together. The maximum possible score would be 110, which would indicate that the individual agreed with each emotional blunting statement very strongly. A One-Way ANOVA was then conducted to

compare the total emotional blunting score among those currently taking an antidepressant, those who had previously taken an antidepressant, and those who had never taken an antidepressant. The results revealed a significant difference among the three groups, $F(2, 254) = 11.34$, $p = 0.000019$. Post-hoc analyses indicated that those who are currently taking an antidepressant experienced emotional blunting significantly more ($M = 53.67$) than those who had never taken an antidepressant ($M = 43.44$), $p = 0.0055$. Additionally, those who had previously taken an antidepressant also had experienced emotional blunting more ($M = 54.07$) than those who had never taken one, $p = 0.0037$.

Table 1

Mean ratings of side effects frequency (out of 5) based on antidepressant usage

Side effects	Currently	Past	Never
Increased appetite	2.81	2.89	2.73
Weight gain	2.89	3.04	2.70
Loss of sexual desire	3.17	2.25	2.31
Other sexual problems	2.41	2.25	1.66
Fatigue/ drowsiness	4.06	4.22	3.08
Insomnia	3.48	3.71	2.42
Dry mouth	1.73	1.71	1.79
Blurred vision	1.47	1.79	1.84
Constipation	3.05	2.18	1.91
Dizziness	1.59	2.07	1.86
Agitation	2.95	3.43	2.66
Irritability	3.06	3.61	2.82
Anxiety	3.86	4.29	3.30
Total	36.11	37.29	30.89

Table 1 depicts the mean scores for each group for the frequency with which they reported experiencing each of the side effects. A series of One-Way ANOVA's was conducted to determine which specific side effects were different among the three groups. Two side effects that were significantly different between those currently taking an antidepressant and those in the other groups included loss of sexual desire and constipation, $F(2, 254) > 10$ and $p < 0.0006$ for both side effects. Post-hoc analyses revealed that those currently taking an antidepressant reported experiencing each of these symptoms significantly more frequently ($M = 3.17$ out of 5 for loss of sexual desire and 3.05 for constipation) than those that had previously taken an antidepressant ($M = 2.25$ for loss of sexual desire and 2.18 for constipation), $p < 0.007$ for both, and also more frequently than those who had never taken an antidepressant ($M = 2.31$ for loss of sexual desire and 1.91 for constipation), $p < 0.004$. This result indicates that loss of sexual desire and constipation are true side effects of antidepressant use.

Three of the side effects were significantly higher for both those who currently take an antidepressant and those who had previously done so. These side effects included other sexual problems, fatigue/ drowsiness, and insomnia (currently taking an antidepressant $M = 2.41$, 4.06, and 3.48 respectively, and previously taken an antidepressant $M = 2.25$, 4.22, and 3.71 respectively, never taken an antidepressant $M = 1.66$, 3.08, and 2.42 respectively), all F's $(2, 254) > 9$, all p's < 0.0005. Post-hoc analyses revealed that those who were currently taking an antidepressant and those who had previously taken one did not report experiencing the side effects at rates that were different from one another (all p's > 0.05), but did report experiencing the side effects significantly more frequently than those who had never taken one, all p's < 0.05. This result suggests that these three side effects may actually be symptoms of depression that are not helped by antidepressants, rather than side effects of the medication.

For the side effects of anxiety, agitation, and irritability, a significant difference was found among the groups (currently taking an antidepressant $M = 3.86, 2.95, 2.82$ respectively, previously taken an antidepressant $M = 4.29, 3.43, 3.61$ respectively, and never taken an antidepressant $M = 3.30, 2.66, 2.82$ respectively), all F's $(2, 254) > 4$, all p's < 0.01. Post-hoc analyses revealed that the only actual differences were between those who previously took an antidepressant and those who had never done so, all p's < 0.008. This result could mean that anxiety, agitation, and irritability are symptoms of depression that are slightly helped by antidepressants, but not enough for a significant difference to be seen between those currently taking an antidepressant and those who have in the past.

Table 2

Mean frequencies of experiencing emotional blunting (out of 5) by antidepressant usage

Emotional Blunting	Currently	Past	Never
Because I don't care so much about things, I'm having problems at work. (If you do not currently have a job, please skip this question.)	1.92	2.56	1.53
Because I don't care so much about things, I'm having problems at school. (If you are not currently in school, please skip this question.)	2.6	2.7	2.02
Because I don't care so much about things, I'm having problems at home.	2.73	2.64	1.79
I don't care as much about my day to day responsibilities as I think I should.	3.27	3.21	2.25
I just don't care about things in general as much as I think I should.	3.25	2.79	2.27
I don't react to other people's pleasant emotions (such as their happiness and excitement) as much as I think I should.	1.9	2.44	1.93
I care less about other people's feelings than I think I should.	1.59	2.32	1.75
I don't react to other people's unpleasant emotions (such as their sadness, anger and disappointment) as much as I think I should.	1.48	2.14	1.9

I don't have much sympathy for people.	1.42	2.11	1.65
Other people being upset doesn't affect me.	1.64	1.71	1.7
I don't get as much of a 'high' from good things in my life as I think I should.	3.59	3.32	2.41
I don't have the passion and enthusiasm for life that I should.	3.69	3.32	2.38
I don't fully enjoy things that should give me pleasure (such as beautiful places, things, or music).	3.03	2.71	2.04
Day to day life just doesn't have the emotional impact on me that I think it should.	3.02	2.68	2.26
Unpleasant emotions, such as sadness, anger, and disappointment, feel toned down.	2.34	2.11	1.81
Pleasant emotions, such as happiness and excitement, feel toned down.	2.48	2.82	2.37
My emotions lack intensity.	2.79	2.04	2.05
My emotions are numbed/ dulled/ flattened.	2.84	2.46	2.19
I don't experience pleasant emotions.	2.16	2.29	1.65
I don't experience unpleasant emotions.	1.63	1.64	1.84
I feel spaced out and distant from the world around me.	3.19	3.11	2.56
I don't look forward to things with eager anticipation.	2.61	2.82	2.08

Table 2 depicts the mean scores for each group for the emotional blunting questions. In order to establish whether there were any actual differences between those who had previously taken an antidepressant and those who were currently taking an antidepressant, further comparisons were made between individual emotional blunting questions. Another series of One-Way ANOVA's was conducted to determine which particular emotional blunting experiences were different among the three groups.

Two questions that showed a significant difference between the three groups were, "Because I don't care so much about things, I'm having problems at work," and, "I care less about other people's feelings than I think I should," both F's $(2,254) > 4.35$, both p's < 0.014.

Post-hoc testing showed that those who had previously taken an antidepressant (*M*'s = 2.56 and 2.32, respectively) agreed with these statements at significantly higher rates than those who are currently taking antidepressant (*M*'s = 1.92 and 1.59, respectively) and those who have never taken an antidepressant (*M*'s = 1.53 and 1.75, respectively), both *p*'s < 0.023. This may indicate that these are symptoms of depression that are helped by taking antidepressants.

The next group of six emotional blunting questions also showed a significant difference among all three groups, all *F*'s(2, 254) > 7.36, and *p*'s < 0.0009. However, when post-hoc comparisons were calculated for each of these questions, it was found that those who were currently taking an antidepressant and those who had previously taken an antidepressant did not report different frequencies from one another, but each of these groups rated their agreement with the statements at higher levels than those who had never taken an antidepressant. These statements, therefore, may reflect symptoms of depression that are not significantly improved by taking antidepressants. These questions were, "Because I don't care so much about things, I'm having problems at home," "I don't care as much about my day to day responsibilities as I think I should," "I don't get as much of a 'high' from good things in my life as I think I should," "I don't have the passion and enthusiasm for life that I should," "I don't fully enjoy things that should give me pleasure (such as beautiful places, things, or music)," and, "I don't experience pleasant emotions." In each case, the difference between the means for those currently taking an antidepressant/ those who had previously taken an antidepressant and the means for those who had never taken an antidepressant were all greater than or equal to 0.51. See also Table 2 for the exact means for each group for each question.

Two emotional blunting questions that were significantly different between those currently taking an antidepressant and those in the other groups included, "I don't react to other

people's unpleasant emotions (such as their sadness, anger and disappointment) as much as I think I should," and, "I don't have much sympathy for people," $F(2, 254) > 4.17$ for both, $p < 0.017$ for both. Post-hoc analyses revealed that those who were currently taking an antidepressant were not significantly different from those who had taken one in the past (all p's > 0.05), but did report experiencing the side effect significantly more frequently than those who had never taken one, all p's < 0.05. This may mean these incidences of emotional blunting are symptoms of depression that can be slightly helped by treatment, but do not return to normal levels for individuals who have depression.

To assess whether or not the length of time that someone had been taking an antidepressant affected their side effects or their experiences with emotional blunting, correlation coefficients were calculated for the total scores of each of these and the duration of taking the medication. Unlike the findings of previous research which suggest that side effects may decrease with time (Crawford et al., 2014), the total side effects score in this study was not significantly associated with duration of taking medication, $r = -0.15$, $p = 0.24$. Using the average length of time taking an antidepressant (approximately 45 months), the sample was divided into those who had been taking an antidepressant for less than 45 months and those who had been taking one for longer than 45 months. An independent samples t-test compared these two groups on their total emotional blunting scores. The mean total side effects score for those who had been taking an antidepressant for less than 45 months (36.38) was not significantly different from the mean total side effects score for those who had been taking an antidepressant for longer than 45 months (34.86), $t(62) = 0.72$, $p = 0.47$.

Total emotional blunting score, however, was negatively correlated with duration, $r = -0.24$, $p = 0.059$. This suggests that the longer a person had been taking the antidepressant, the

less emotional blunting they had been experiencing. An independent samples *t*-test compared those who had been taking antidepressants for less than 45 months to those who had been taking one for longer than 45 months on their emotional blunting scores. The mean emotional blunting score for those who had been taking an antidepressant for less than 45 months (55.79) was not significantly different from the mean emotional blunting score for those who had been taking an antidepressant for longer than 45 months (49.33), $t(62) = 1.47$, $p = 0.15$.

Discussion

This study was conducted in order to gain a better understanding of the negative effects associated with antidepressant use. These effects manifested in physical side-effects and also in emotional blunting. The hypotheses that the degree of side-effects and emotional blunting would be greater in those taking an antidepressant than those not were supported by the present research. It is very common for patients to prematurely discontinue the use of antidepressants, but the reason why is sometimes unclear. The results of this study suggest that the side-effects and emotional blunting caused by the antidepressants may outweigh their benefits for some individuals who take them. The high-rate of side effects and emotional blunting caused by these medications shows that more research into antidepressants with fewer negative consequences is necessary. In the meantime, the negative correlation found between the intensity of emotional blunting experienced and the length of time taking an antidepressant should be used to encourage patients to continue on their prescribed antidepressant, with the recognition that the emotional blunting is likely to decrease with time.

There were three potential limitations concerning the results of this study. The first limitation of this study was that most respondents were taking the same class of antidepressant, SSRI. The lack of diversity of medication made it unclear whether some effects were those of

depression or of the antidepressant. Previous research suggests that tricyclics and other older antidepressants may have more severe side effects than SSRIs and potentially more serious emotional blunting. But the sample limitations did not allow for this comparison. The second limitation to this study is the participants were not asked about depression severity in the survey. It is possible that some of the results of this present study could be explained by lingering depression symptoms instead of antidepressant side effects. The final limitation also concerns the sample of the study. The sample was made up of 86% females. This means it is unknown if the results of this study can be generalized for males taking antidepressants.

Future research should extend the current findings by examining the side effects of SSRIs such as Zoloft versus those of aminoketone class such as Wellbutrin. Zoloft (SSRI) and Wellbutrin are two of the most commonly used antidepressants today, but they use very different mechanisms. SSRIs work on the neurotransmitter serotonin, but Wellbutrin works on dopamine, so it is important to know which medication can lead to more side effects and emotional blunting. Additionally, as previously mentioned, the participants were mostly female, so it is necessary for research to be done to see if the results of this study would be accurate for a representative sample of males.

Despite limitations, the present study has enhanced our understanding of the relationship between antidepressants, side effects and emotional blunting. It has been seen in the literature that newer medications such as SSRIs should reduce the prevalence of side-effects when compared to older medication, but the sample demographics for this study did not make it possible to study this interaction.

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Appendix

1. By clicking “I agree” below, I acknowledge that I am at least 18 years of age, have been informed about the purpose of this study, and know whom to contact should I have any questions. I understand that I am free to skip any questions or to stop participating at any time.
    - I agree
2. With which gender identity do you most identify?
    - Female
    - Male
3. How old are you?
4. Please click all that apply to you.
    - Employed - full time
    - Employed - part time
    - No job
    - Student - full time
    - Student - part time
5. What best describes your relationship status?
    - Married
    - Single
    - Divorced
    - Widowed
    - Cohabiting
    - Committed relationship (not living together or legally married)
6. Have you ever been diagnosed with depression?

- Yes
- No

7. If yes, how old were you when you were diagnosed? (number answers only)
8. Which best describes your antidepressant use?
    - Currently taking an antidepressant
    - Have taken an antidepressant in the past
    - Never taken an antidepressant
9. If you are currently taking an antidepressant, what class of antidepressant are you taking? (If you are not currently taking one, click "None")
    - MAOI (ex. Marplan, Mardil, Parnate)
    - Tricyclic (ex. amitriptyline, amoxapine, Norpramin)
    - SSRI (ex. Celexa, Lexapro, Prozac, Paxil, Zoloft)
    - SNRI (Pristiq, Cymbalta, Fetima, Effexor)
    - St. John's Wort
    - None
    - Other
10. How long have you been taking your current antidepressant? (If not taking one please write "0")

For each item # 11 through 23, please rate on a scale from 1 to 5 how frequently you have experienced it in the last 6 months, with 1 being very infrequently and 5 being very frequently.

11. Increased appetite

1 2 3 4 5

12. Weight gain

1 2 3 4 5

13. Loss of sexual desire

1 2 3 4 5

14. Other sexual problems

1 2 3 4 5

15. Fatigue/ drowsiness

1 2 3 4 5

16. Insomnia

1 2 3 4 5

17. Dry Mouth

1 2 3 4 5

18. Blurred vision

1 2 3 4 5

19. Constipation

1 2 3 4 5

20. Dizziness

1 2 3 4 5

21. Agitation

1 2 3 4 5

22. Irritability

1 2 3 4 5

23. Anxiety

1 2 3 4 5

For the statements in items #24 through 45, please rank your agreement on a scale of 1 to 5, with 1 being strongly disagree and 5 being strongly agree.

24. Because I don't care so much about things, I'm having problems at work. (If you do not currently have a job, please skip this question.)

1 2 3 4 5

25. Because I don't care so much about things, I'm having problems at school. (If you are not currently in school, please skip this question.)

1 2 3 4 5

26. Because I don't care so much about things, I'm having problems at home.

1 2 3 4 5

27. I don't care as much about my day to day responsibilities as I think I should.

1 2 3 4 5

28. I just don't care about things in general as much as I think I should.

1 2 3 4 5

29. I feel spaced out and distant from the world around me.

1 2 3 4 5

30. My emotions are numbed/ dulled/ flattened.

1 2 3 4 5

31. Day to day life just doesn't have the emotional impact on me that I think it should.

1 2 3 4 5

32. Unpleasant emotions, such as sadness, anger, and disappointment, feel toned down.

1 2 3 4 5

33. Pleasant emotions, such as happiness and excitement, feel toned down.

1 2 3 4 5

34. My emotions lack intensity.

1 2 3 4 5

35. I don't have much sympathy for people.

1 2 3 4 5

36. I care less about other people's feelings than I think I should.

1 2 3 4 5

37. Other people being upset doesn't affect me.

1 2 3 4 5

38. I don't react to other people's unpleasant emotions (such as their sadness, anger and disappointment) as much as I think I should.

1 2 3 4 5

39. I don't react to other people's pleasant emotions (such as their happiness and excitement) as much as I think I should.

1 2 3 4 5

40. I don't fully enjoy things that should give me pleasure (such as beautiful places, things, or music).

1 2 3 4 5

41. I don't look forward to things with eager anticipation.

1 2 3 4 5

42. I don't get as much of a ‘high’ from good things in my life as I think I should.

1 2 3 4 5

43. I don't have the passion and enthusiasm for life that I should.

1 2 3 4 5

44. I don't experience pleasant emotions.

1 2 3 4 5

45. I don't experience unpleasant emotions.

1 2 3 4 5