Social skills deficits in schizotypal personality disorder

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Abstract

Evidence of long-standing social difficulties has been well documented in persons with schizophrenia. These deficits are often so rudimentary that a person with schizophrenia may never have developed the skills necessary to present as socially competent. Given the cognitive, biological, and neuroanatomical links between schizophrenia and schizotypal personality disorder (SPD), a study of social skills in persons with SPD may reveal a behavioral link. This study examined persons with SPD and their ability to label emotions in a recognition task, to display socially competent behaviors in a social role-play task, and to select appropriate behaviors from a multiple choice measure of social behavior. Results indicated that the performance of persons with SPD was similar to previously published findings in persons with schizophrenia. In terms of emotion recognition, the SPD group’s ability to label positive emotions was significantly worse than their ability to label other emotions. Persons with SPD performed significantly worse than matched control participants on a social role-play task. However, the groups were equivalent in their ability to select socially appropriate behavior from a multiple choice measure. These results suggest that persons with SPD display social skills which mirror those previously reported in persons with schizophrenia.

Keywords: Schizotypal personality disorder; Social competence; Goldsmith and McFall's Interpersonal Role-Playing Test; Simulated Social Interaction Test; Izard's Emotion Recognition Test

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1. Introduction

There is an emerging hypothesis that schizophrenia spectrum disorders are neuroanatomically, biochemically, and cognitively related and it is hypothesized that these disorders may represent different but related points along a continuum of which schizophrenia is the final and most severe endpoint. This spectrum of disorders includes those individuals who are biologically/genetically at risk for psychosis or schizotypia (as termed by Meehl, 1962, 1989), persons with schizotypal personality disorder (SPD), and persons with schizophrenia. Multiple areas of research have suggested that persons with SPD show a range of deficits that have been previously identified in schizophrenia. Similarities have been reported in cognitive functioning with both groups demonstrating information-processing deficits (Braff, 1981) and attentional deficits (Trestman et al., 1995). An additional similarity reported is that both persons with schizophrenia and persons with SPD have been shown to exhibit eye-tracking deficits (Siever et al., 1994). In terms of biological links between SPD and schizophrenia, research has shown that persons with SPD demonstrated elevations in CSF homovanillic acid (Siever et al., 1993) and similar levels of platelet MAO in blood samples (Rogeness et al., 1985) to persons with schizophrenia. Even similar brain structural abnormalities have been suggested, including lateral ventricular enlargement (Siever et al., 1995) and, most recently, temporal lobe gray matter reduction (Dickey et al., 1999). These consistent findings of cognitive, neuroanatomical, and biological links, together with the suggestion of a genetic link as SPD tends to run in families and is more prevalent among first degree relatives of persons with schizophrenia (Lowing et al., 1983; Kendler and Gruenberg, 1984; Baron et al., 1985; Gershon et al., 1988; Schulz et al., 1989; Kendler et al., 1993), support research examining possible areas of overlap. This study focuses on an additional area of overlap, namely a behavioral relationship in terms of social skills.

Research in the area of schizophrenia and social skills has proliferated in the last several decades. Areas of focus have been the difficulties experienced by patients with schizophrenia in behaving appropriately in social situations (Bellack et al., 1992, 1994; Corrigan and Holmes, 1994); their inability to recognize behavior as appropriate or inappropriate (Monti and Fingeret, 1987; Carini and Nevid, 1992); their inability to determine the emotional content of social situations (Morrison and Bellack, 1987; Morrison et al., 1988a); their inability to decode social cues in their environment (Schwartz-Place and Gilmore, 1980; Frith et al., 1983); their inability to recognize expressions of facial affect (Cutting, 1981; Novic et al., 1984; Burch, 1995), particularly positive emotions (Walker et al., 1980); and their ability to recognize inappropriate behavior in others, but not in themselves (Carini and Nevid, 1992). The general consensus of this research has been that persons with schizophrenia, as compared to normal control subjects, are impaired on most measures of social competence. Limited research has been conducted with persons with SPD; however a recent study conducted by Mikhailova et al. (1996) found that persons with SPD exhibited mild deficits in the recognition of facial expressions as compared to healthy control subjects. They suggested that a similar pattern of social skills deficits as seen in persons with schizophrenia might be observed in persons with SPD.

Given the suggestion of Mikhailova et al. (1996) and previous research demonstrating cognitive, biological, and neuroanatomical similarities, this study examined social skills in persons with SPD to determine if a similar pattern of social performance to that observed in persons with schizophrenia could be seen in persons with SPD. We examined persons with SPD on three measures, namely, a social role-play task (Goldsmith and McFall, 1975), an emotion-recognition task (Izard, 1971), and a measure of social appropriateness (Curran, 1982). Tests of social behavior and emotion recognition were selected as these areas have received a great deal of attention in the literature studying the social skills of persons with schizophrenia and it was thought that these areas should be tapped in persons with SPD.
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