



Disturbed emotion recognition in patients with narcissistic personality disorder

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ABSTRACT

Although theoretically the lack of empathy is a supposed key symptom of narcissistic personality disorder (NPD), empirical studies examining empathy in NPD are scarce. In the present study it was examined whether patients with NPD differ from healthy controls and a psychiatric control group in their empathic abilities. In order to examine this question, 20 patients with NPD, 20 patients with a personality disorder in the Cluster C spectrum and 20 healthy control participants were presented with a questionnaire and a facial recognition task designed to measure empathic abilities. It was found that patients with NPD did not differ from the two control groups on a self-report questionnaire indicating that patients regard themselves as sensitive to the feelings of others. On the contrary, it was found NPD patients generally performed worse on a facial emotion recognition task compared to both control groups. In addition to this general deficit in emotion recognition, patients with NPD showed a specific deficit for emotions representing fear and disgust. These results provide the first empirical evidence for impaired emotion recognition in patients with NPD.

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1. Introduction

Narcissistic personality disorder (NPD) has been described as a pervasive pattern of grandiosity, need for admiration, and lack of empathy that begins in early adulthood and is present in a variety of contexts (American Psychiatric Association, 2000). Patients with NPD believe that they are superior, special and unique, and feel that they should be treated as such. They often report a strong need for excessive admiration, and are highly sensitive to criticism. Patients with NPD can be severely troubled in important life areas such as the occupational field or interpersonal relations. It has been shown that patients with NPD have a heightened risk for suicide and that these attempts can arise abruptly and are often unpredictable (Apter et al., 1993; Links et al., 2003).

Despite this, NPD as a specific disorder has received little empirical attention. One of the reasons for this lack of attention is, as Ronningstam (2005) describes in an extensive review concerning NPD, the difficulty to identify patients with NPD in psychiatric settings. Often these patients refuse to seek treatment out of shame or denial of their complaints, even when these complaints are severe. If they do seek out treatment, less than half of the patients who are clinically diagnosed with NPD meet the criteria based on the DSM-IV diagnosis (Gunderson et al., 1991). Also, other personality disorders such as antisocial personality disorder and borderline personality disorder are looked upon as more urgent in the public eye since these disorders

are clearly linked to extensive social and mental health costs (Ronningstam, 2005). As a result, relatively little is known about the etiology, course and treatment of NPD.

Remarkably, although impaired empathic functioning in patients with NPD is mentioned as a key symptom in DSM-IV (American Psychiatric Association, 2000), it is one of the least empirically explored characteristics for NPD and it is in fact solely based on expert clinical observations (Ronningstam, 2005; 2010, Ritter et al., 2011). Therefore, in the current study, it is examined whether patients with NPD show problems in empathic functioning.

Empathy is frequently measured by self-report questionnaires (Davis, 1983; Baron-Cohen and Wheelwright, 2004). Although these studies yield very important information, it is clear that research reliant on self-reports is vulnerable to social desirability bias. Conceivably, this social desirability bias is particularly pertinent in personality disorder patients such as those with NPD, who might respond in a way that makes them look as good as possible (Ronningstam, 2009). A frequently employed method to measure empathic deficits that goes beyond self-report is facial affect recognition (e.g., Kosson et al., 2002; Blair et al., 2004; Dolan and Fullam, 2006). Several studies show that empathy is closely related to facial affect recognition (Martin et al., 1996; Gery et al., 2009; Besel and Yuille, 2010). Persons who have low empathic functions perform particularly poorly on the recognition of affect in faces. There are some indications that healthy individuals who score high on narcissism have problems with empathic functioning. For example, a recent neuro-imaging study by Fan and colleagues (2010) examined healthy subjects high and low in narcissism when instructed to empathize with emotional pictures of faces. During this task, neuronal differences were

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Table 1
Descriptive variables for patients with NPD, Cluster C PD and healthy controls.

	NPD (n = 20)		PD C (n = 20)		Healthy controls (n = 20)	
	Mean	S.D.	Mean	S.D.	Mean	S.D.
Age (years)	47.35	12.08	42.75	10.49	43.50	11.76
CGI	3.47	0.84	3.44	0.71	0.3	0.92
GAF	57.89	4.51	57.89	4.81	78.00	6.16
	N		N		N	
Medication	9		6		–	
Antidepressant	6		4		–	
Antipsychotic	2		–		–	
Anxiolytic	1		–		–	
Other	–		2		–	
Education						
Vocational training	7		4		8	
Associate degree	3		4		4	
Bachelor degree or higher	10		10		7	
Treatment duration						
No treatment	1		2		17	
<48 sessions	12		11		2	
48–96 sessions	3		3		1	
96–144 sessions	2		1		0	
> 144 sessions	2		3		0	
	Axis II diagnosis (n)	Other Axis II traits (n)	Axis II diagnosis (n)	Other Axis II traits (n)	Axis II diagnosis (n)	Other Axis II traits (n)
BPD	1	1	–	–	–	–
ASPD	1	4	–	–	–	–
NPD	20	–	–	2	–	–
HPD	–	2	–	–	–	–
DPD	–	–	1	8	–	–
APD	–	4	2	5	–	–
OCPD	–	8	14	2	–	–
PD NOS	–	–	4	–	–	–
	Axis I diagnosis		Axis I diagnosis		Axis I diagnosis	
Any affective disorder	5		9		–	
Any substance use disorder	3		4		–	
Any anxiety disorder	–		5		–	
Other	4		3		1	

Note: NPD = narcissistic personality disorder, PD C = Cluster C personality disorder, CGI = Clinical Global Impression, GAF = Global Assessment of Functioning, BPD = borderline personality disorder, ASPD = antisocial personality disorder, HPD = histrionic personality disorder, DPD = dependent personality disorder, APD = avoidant personality disorder, OCPD = obsessive compulsive personality disorder, PD NOS = personality disorder not otherwise specified.

found between the two groups in the right anterior insula, a brain region typically associated with empathy, suggesting that narcissism is linked to empathic functioning (Fan et al., 2010).

However, this study was conducted in a non-clinical group, which makes it difficult to generalize findings to NPD patients. So far, only one study examined empathy in patients with NPD (Ritter et al., 2011). In this study it was found that NPD patients, compared to patients with borderline personality disorder and healthy control participants, showed impaired empathy measured by two newly developed instruments (the Multidimensional Empathy Test, MET, Dziobek et al., 2008; Movie for Assessment of Social Cognition;

MASK, Dziobek et al., 2006). The results found in this study suggest that NPD patients are capable of recognizing the emotions of others but are impaired in 'feeling what other people feel'. Clearly, more research is needed among clinical samples to draw firm conclusions about the presence of empathy deficits in NPD.

To address these issues, the current study measures empathic abilities among patients with NPD who are currently in treatment on both a self-reported and a behavioral level. It is hypothesized that patients with NPD will be significantly less accurate in distinguishing emotional expressions on a facial recognition task, suggesting impaired empathic ability. By contrast, it is hypothesized that NPD patients consider themselves as empathic to the feelings of others on a self-report questionnaire. To examine if possible effects are specific for patients with NPD and not for patients with personality disorders in general, results will be examined and be compared with those in patients diagnosed with personality disorders in the Cluster C spectrum and a healthy control group.

2. Methods

2.1. Instruments

The Structured Clinical Interview for DSM-III-R (SCID-II; Weertman et al., 1996) was used to assess Axis II personality disorders or traits in patients and controls. The Dutch version of the SCID-II has been shown to exhibit adequate test-retest interrater reliability for the presence or absence of personality disorders (Weertman et al., 2003). In addition to this, therapists were asked to rate the Global Assessment of Functioning (GAF; Endicott et al., 1976) score of the patients. This score ranges from 0 to 100, indicating the psychological, social, and occupational functioning (higher scores indicate better functioning). The GAF has proved to be a reliable and valid method to determine psychiatric disturbance (Endicott et al., 1976; Jones et al., 1995). Also, therapists were asked to provide a Clinical Global Impression (CGI; Guy, 1976), a widely used scale to

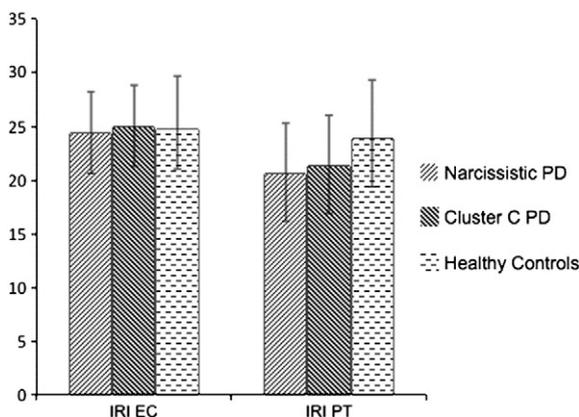


Fig. 1. Interpersonal Reactivity Index (IRI), means for empathic concern (EC) and perspective taking (PT) in narcissistic and cluster C personality disorders and healthy control group. Standard deviations are depicted by error bars.

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