



# Psychopathy, narcissism, and borderline personality: A critical test of the affective empathy-impairment hypothesis<sup>☆</sup>



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## ABSTRACT

Two studies were conducted to test whether psychopathy, narcissism, and borderline personality are linked to impairment in affective empathy experience. In both studies, two forms of affective empathy (emotional contagion and empathic concern) were covertly manipulated and measured. Use of state empathy change scores and data aggregation across both studies and a third previously published study revealed little evidence of a consistent negative association between most measures of narcissistic, borderline, or psychopathic traits and affective empathy change scores. The one exception was the psychopathic trait of Callous Affect, which revealed consistent negative associations with affective empathy change scores. Specifically, relative to neutral stimuli, Callous Affect was associated with lower emotional contagion of sadness to sad faces, lower emotional contagion of sadness, anger, and fear to those in need, and lower empathic concern to those in need. The results suggest that claims of clear links between affective empathy impairment and most traits comprising narcissism and borderline personality are unsubstantiated when subjected to critical test conditions. Moreover, emotional callousness, as opposed to other psychopathic traits, appears to be responsible for the proposed link between psychopathy and affective empathy impairment.

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## 1. Introduction

A growing body of work spanning the domains of social-personality psychology, neuropsychology, clinical psychology, psychiatry, and forensic psychology has long assumed a link between affective empathy impairment and various divisive personality constructs including psychopathy, narcissism, and borderline personality (APA, 2013; Blair, 2007; Cleckley, 1941; Dadds et al., 2009; Furnham, Richards, & Paulhus, 2013; Soderstrom, 2003; Woollaston & Hixenbaugh, 2008). However, the evidence supporting this assumed link is based mostly on the use of ambiguous measures of affective empathy and relatively weak test conditions. These limitations may in turn promote overstated conclusions regarding the link between these personality constructs and affective empathy.

### 1.1. Psychopathy, narcissism, and borderline personality

Although some have noted similarities among psychopathy, narcissism, and borderline personality (Furnham et al., 2013; Huchzermeier

et al., 2007; Miller et al., 2010; Murphy & Vess, 2003; Thoma, Friedmann, & Suchan, 2013), they are typically treated as distinct in the literature. Psychopathy refers to a higher-order personality construct characterized by emotional callousness, egocentricity, deceptive and manipulative interpersonal style, and tendency to engage in antisocial behavior that is rash, erratic, and impulsive (Hare, 1996; Hare & Neumann, 2009; Vitacco, Neumann, & Jackson, 2005). Narcissism is characterized by an overly positive and grandiose view of the self, as well as tendency to engage in behavior that is interpersonally exploitive and designed to promote admiration by others and aggrandizement of the self (Cain, Pincus, & Ansell, 2008; Pincus et al., 2009). Borderline personality is marked by instability in self-image, heightened emotional reactivity, and behavioral impulsivity, which may manifest in behavior that is antisocial, self-injurious, or suicidal (Crowell, Beauchaine, & Linehan, 2009; Domes, Schulze, & Herpertz, 2009).

Prominent theoretical approaches typically emphasize that psychopathy, narcissism, and borderline personality are multifaceted. For example, psychopathy has been conceptualized as consisting of two overarching dimensions—an affective–interpersonal dimension and an impulsive–antisocial dimension. The affective–interpersonal and impulsive–antisocial dimensions may be further subdivided into pairs of lower order traits: (a) callous emotionality and tendency to be interpersonally manipulative, and (b) lifestyle impulsivity and tendency to engage in antisocial behavior, respectively (Hare & Neumann, 2009; Vitacco et al.,

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2005). Likewise, one prominent view of narcissism proposes that it can be explained by seven lower-order traits: a sense of esteem based on the opinions of others, tendency to exploit others, tendency to engage in prosocial behavior to promote self-enhancement, tendency to present a false self, tendency to engage in grandiose fantasy, tendency to devalue others, and a hostile sense of entitlement (Cain et al., 2008; Pincus et al., 2009). Finally, one influential view on borderline personality assumes that it reflects manifestation of four lower-order traits: affect instability, identity uncertainty, tendency to engage in problematic relationship behavior, and tendency to engage in self-harm (Morey, 1991).

### 1.2. Affective empathy

Like psychopathy, narcissism, and borderline personality, empathy also is multifaceted. Indeed, it may be best to think of the term empathy as a category label for eight distinct, yet related psychological phenomena. These phenomena include (1) accurately identifying what another person is thinking or feeling; (2) imagining what another person is thinking or feeling; (3) imagining how one would think or feel in the place of another; (4) aesthetically projecting oneself into the state of another person or object; (5) feeling the same emotion as another; (6) feeling other-oriented concern for another; (7) feeling personally distressed by another's negative situation; or (8) matching the behavioral posture of another (Batson, 2011; Lishner et al., 2012). Four of these phenomena may be categorized as *cognitive empathy* (Concepts 1–4) and one may be categorized as *behavioral empathy* (Concept 8). Of importance for the present research are the three phenomena that may be categorized as *affective empathy* (Concepts 5–7) as it is impairment in the emotional forms of empathy that are often implicated in psychopathy, narcissism, and borderline personality.

### 1.3. Evaluation of the evidence for the affective empathy-impairment hypothesis

On the surface, extant empirical work seems consistent with the proposition that psychopathy, narcissism, and borderline personality are linked to an impaired capacity to experience affective empathy. Research has revealed an association between one or more of these personality constructs and (a) lowered physiological reactivity in response to observing others' interpersonal distress (e.g., crying faces, distress expressions; Blair, Jones, Clark, & Smith, 1997; Verona, Breslin, & Patrick, 2013); (b) difficulty in identifying discrete emotionality in others' facial and vocal expressions (Bagley, Abramowitz, & Kosson, 2009; Blair et al., 2002, 2004; Del Gaizo & Falkenbach, 2008; Marissen, Deen, & Franken, 2012; Minzenberg, Poole, & Vinogradov, 2012; Robin et al., 2012); (c) lower scores on dispositional measures of affective empathy (Brouns et al., 2013; Dziobek et al., 2011; Hepper, Hart, Meek, Cisek, & Sedikides, 2014; Jonason & Krause, 2013; Mahmut, Homewood, & Stevenson, 2008; New et al., 2012; Salekin, Chen, Sellbom, Lester, & MacDougall, 2014; Sandoval, Hancock, Poythress, Edens, & Lilienfeld, 2000; Sellbom & Phillips, 2013; Stanley, Wygant, & Sellbom, 2013; Vonk, Zeigler-Hill, Mayhew, & Mercer, 2013; Wai & Tiliopoulous, 2012; Watson, Grisham, Trotter, & Biderman, 1984; Watson & Morris, 1991; White, 2014; Zagon & Jackson, 1994); (d) higher ratings of positive valence in response to viewing faces expressing negative emotion (Ali, Amorim, & Chamorro-Premuzic, 2009; Lockwood, Bird, Bridge, & Viding, 2013; Wai & Tiliopoulous, 2012); (e) lower neural activity in brain regions thought to be involved in the experience of pain or attachment processes as a consequence of viewing physical injuries or pain expressions of others (Decety, Chen, Harenski, & Kiehl, 2013; Decety, Skelly, & Kiehl, 2013; Marsh et al., 2013); and (f) lower state reports of affective empathy to emotionally evocative stimuli (Lishner et al., 2012; Ritter et al., 2011; Wai & Tiliopoulous, 2012).

The apparent convergence of findings across multiple measures seems impressive. However, except for the last aforementioned category, the remaining categories consist of fairly indirect evidence given a more nuanced conceptualization of affective empathy phenomena. For example, lower physiological responding to negative emotional expressions and higher ratings of positive valence in response to negative facial expressions may indicate a lower tendency to feel, or "catch," the same emotions of others (Concept 5), a lower tendency to experience personal distress (Concept 7) or empathic concern (Concept 6) in response to the needs of others, or alternative responses that are not empathic (e.g., boredom with the stimuli). Given some theorists' claims that empathic concern may become inhibited if one experiences high levels of personal distress (Eisenberg, Fabes, & Spinrad, 2006; Eisenberg et al., 1994), a paradoxical conclusion one may draw is that lower physiological arousal actually indicates the potential for more, rather than less, affective empathy depending on which affective empathy phenomenon one considers.

Another complicating issue is that experimental research suggests dispositional measures of affective empathy do not necessarily predict genuine *state* experiences of affective empathy or the prosocial tendencies typically evoked by such states (e.g., Batson, Bolen, Cross, & Neuringer-Benefiel, 1986). This may be traced back to initial validation studies of dispositional empathy measures that have tended to rely on other trait measures or indirect measures of state empathy as criteria for establishing construct validity (e.g., Davis, 1983). In addition, dispositional measures of affective empathy may share method variance with trait measures of narcissism, borderline personality, and psychopathy (e.g., item and rater social desirability effects, transient or dispositional rater mood effects, rater consistency motif effects; Podsakoff, MacKenzie, Lee, & Podsakoff, 2003), leading to overestimates of the true association between these personality constructs and affective empathy. Ambiguity in the interpretation of findings also exists in the neuroscience literature on psychopathy and affective empathy due to the absence of measures of subjective emotional experience (e.g., Decety et al., 2013; Marsh et al., 2013). Without corresponding subjective measures of emotional experience, it remains unclear whether differences in brain activity associated with one or more of these constructs reflects corresponding differences in affective empathy.

Finally, one major issue with the research literature involving ambiguous measures of affective empathy is multiple instances of disconfirmation of the proposed link between one of more of the personality constructs and affective empathy. Indeed, disconfirmations even occur in studies conducted by some researchers who also reported confirming evidence of a link depending on the empathy measure adopted or personality construct assessed (Domes, Hollerbach, Vohs, Mokros, & Habermeyer, 2013; Dziobek et al., 2011; Fertuck et al., 2009; Harari, Shamay-Tsoory, Ravid, & Levkovitz, 2010; Hengartner et al., 2014; Jonason & Krause, 2013; Jovev et al., 2011; Konrath, Corneille, Bushman, & Luminet, 2014; Lannin, Gull, Krizan, Madon, & Cornish, 2014; Lishner et al., 2012; Lynch et al., 2006; Marissen et al., 2012; Minzenberg et al., 2012; New et al., 2012; Ritter et al., 2011; Stanley et al., 2013; Robin et al., 2012; Vonk et al., 2013; Wagner & Linehan, 1999). It is worth noting that disconfirmation of the link between these personality constructs and affective empathy impairment appears more pronounced in research on narcissism and borderline personality than research on psychopathy.

### 1.4. Establishing construct validity of the affective empathy measure

Contrary to widespread assumptions regarding the link between affective empathy and psychopathy, narcissism, and borderline personality, evaluation of the research testing the affective empathy-impairment hypothesis reveals findings that are fairly equivocal. Generally speaking, the lack of clarity can be traced to questions regarding the construct validity of the affective empathy measure used to test the hypothesis. This issue was raised by Lishner et al. (2012), who sought

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