

Impairments in social interaction of individuals with personality disorders and dark personality traits (Beperkingen in sociale interactie van individuen met persoonlijkheidsstoornissen en donkere persoonlijkheidskenmerken)

Citation for published version (APA):

Jeung-Maarse, H. (2023). *Impairments in social interaction of individuals with personality disorders and dark personality traits (Beperkingen in sociale interactie van individuen met persoonlijkheidsstoornissen en donkere persoonlijkheidskenmerken)*. [Doctoral Thesis, Maastricht University]. Maastricht University. <https://doi.org/10.26481/dis.20230918hj>

Document status and date:

Published: 01/01/2023

DOI:

[10.26481/dis.20230918hj](https://doi.org/10.26481/dis.20230918hj)

Document Version:

Publisher's PDF, also known as Version of record

Please check the document version of this publication:

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CONTRIBUTIONS AND IMPACT

Contributions

Addressing interpersonal difficulties is the best way to manage individuals with PDs and dark personality traits. In ASPD and BPD, previous studies have mainly studied the meaning of anger on social interactions and deficits in cognitive control including emotion regulation and inhibitory control²⁸⁸. However, low interpersonal functioning cannot be sufficiently explained by affective dysregulation and impulsivity, but it has also been attributed to impaired social cognition, such as impaired facial emotion recognition^{29,62}. These impairments in social cognition and resulting pattern of unstable relationships in adulthood could be linked to adverse childhood experiences that alter the neuropeptide systems such as the oxytocin system²⁸⁹. Consistent with this, early social environment-induced changes in the oxytocin system were shown to be associated with the social phenotype implying that social functioning might be under epigenetic control probably via deoxyribonucleic acid (DNA) methylation of the oxytocin receptor²⁹⁰.

Yet, studies that present emotions in faces only show a part of what constitutes interpersonal interactions. Therefore, there is a need for the application of experimental paradigms which enable quantitative and standardized assessment of human social interaction. Since social interactions are not only the subject of studies in psychiatry but also in other disciplines such as psychology, sociology, and economics, we pursue an interdisciplinary approach in this thesis in order to characterize various aspects of social interaction influenced by personality pathology.

In particular, the contributions of this thesis are:

- the development of a chatroom paradigm which captures emotional responses that may arise in everyday interactions (chapter 2)
- the modification of the coalition formation task which examines partner preferences (chapter 3)
- the use of a well-established facial emotion classification task in the largest ASPD sample in the literature so far (chapter 4)
- the modification of the promotability game, social value orientation task, and delay discounting task in order to examine the influence of sex and dark personality traits on leadership emergence (chapter 5)

Impact paragraph

So far, the focus of research and therapy for BPD has been primarily on emotion regulation (DBT) and mentalization (MBT). This thesis contributes to the understanding that a lower self-image might contribute substantially to interpersonal problems up to problematic partner choices in BPD. Whether self-

compassion has a positive effect on interpersonal relationships would be an interesting research question for intervention studies.

For ASPD, there is even no evidence for effective therapy. Social threat hypersensitivity seems to be a common basis for reactive aggression in BPD and ASPD. This thesis shows that individuals with ASPD seem to be less susceptible to distress in others which is consistent with findings in psychopaths. Oxytocin seems to have a positive effect on both PDs. However, a comparison between the two PDs can only be made with reservations, since we used the same study design (an emotion classification task in a double-blind, randomized, placebo-controlled crossover trial in patients versus healthy controls) but not the same study sample as the prior study in BPD. Further, the study in BPD patients also examined amygdala reactivity which would be the next step in the examination of individuals with ASPD.

Finally, we derived the influence of personality traits on leadership emergence. However, a follow-up study should include actual leaders. It would be particularly interesting whether societal role expectations would dominate socio-economic decision-making more than personality traits and social value orientation. While economists rather study interaction behavior in large student or community samples, comprising real interactions between uninformed participants, clinicians compare the behaviors of two distinct groups in predefined and programmed settings. In this thesis, we bring the strengths of the two approaches together. This meant that we engaged (pre)clinical subjects in real interactions with non-clinical controls instead of fictitious partners. This is all the more interesting since the reaction of the interaction partners to the behavior of the index participants is also measured which could even give an indication of the countertransference therapists seem to struggle with. Therefore, future studies with blinded participation could address socioeconomic decision-making in patients and therapists equally.