Misdiagnosing Narcissism - Asperger's Disorder

By Sam Vaknin

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(The use of gender pronouns in this article reflects the clinical facts: most narcissists and most Asperger's patients are male.)

Asperger's Disorder is often misdiagnosed as Narcissistic Personality Disorder (NPD), though evident as early as age 3 (while pathological narcissism cannot be safely diagnosed prior to early adolescence).

In both cases, the patient is self-centered and engrossed in a narrow range of interests and activities. Social and occupational interactions are severely hampered and conversational skills (the give and take of verbal intercourse) are primitive. The Asperger's patient body language - eye to eye gaze, body posture, facial expressions - is constricted and artificial, akin to the narcissist's. Nonverbal cues are virtually absent and their interpretation in others lacking.

Yet, the gulf between Asperger's and pathological narcissism is vast.

The narcissist switches between social agility and social impairment voluntarily. His social dysfunctioning is the outcome of conscious haughtiness and the reluctance to invest scarce mental energy in cultivating relationships with inferior and unworthy others. When confronted with potential Sources of Narcissistic Supply, however, the narcissist easily regains his social skills, his charm, and his gregariousness.

Many narcissists reach the highest rungs of their community, church, firm, or voluntary organization. Most of the time, they function flawlessly - though the inevitable blowups and the grating extortion of Narcissistic Supply usually put an end to the narcissist's career and social liaisons.

The Asperger's patient often wants to be accepted socially, to have friends, to marry, to be sexually active, and to sire offspring. He just doesn't have a clue how to go about it. His affect is limited. His initiative - for instance, to share his experiences with nearest and dearest or to engage in foreplay - is thwarted. His ability to divulge his emotions stilted. He is incapable or reciprocating and is largely unaware of the wishes, needs, and feelings of his interlocutors or counterparties.

Inevitably, Asperger's patients are perceived by others to be cold, eccentric, insensitive, indifferent, repulsive, exploitative or emotionally-absent. To avoid the pain of rejection,

they confine themselves to solitary activities - but, unlike the schizoid, not by choice. They limit their world to a single topic, hobby, or person and dive in with the greatest, all-consuming intensity, excluding all other matters and everyone else. It is a form of hurt-control and pain regulation.

Thus, while the narcissist avoids pain by excluding, devaluing, and discarding others - the Asperger's patient achieves the same result by withdrawing and by passionately incorporating in his universe only one or two people and one or two subjects of interest. Both narcissists and Asperger's patients are prone to react with depression to perceived slights and injuries - but Asperger's patients are far more at risk of self-harm and suicide.

The use of language is another differentiating factor.

The narcissist is a skilled communicator. He uses language as an instrument to obtain Narcissistic Supply or as a weapon to obliterate his "enemies" and discarded sources with. Cerebral narcissists derive Narcissistic Supply from the consummate use they make of their innate verbosity.

Not so the Asperger's patient. He is equally verbose at times (and taciturn on other occasions) but his topics are few and, thus, tediously repetitive. He is unlikely to obey conversational rules and etiquette (for instance, to let others speak in turn). Nor is the Asperger's patient able to decipher nonverbal cues and gestures or to monitor his own misbehavior on such occasions. Narcissists are similarly inconsiderate - but only towards those who cannot possibly serve as Sources of Narcissistic Supply.

More about Autism Spectrum Disorders here:

McDowell, Maxson J. (2002) The Image of the Mother's Eye: Autism and Early Narcissistic Injury , Behavioral and Brain Sciences (Submitted)

Benis, Anthony - "Toward Self & Sanity: On the Genetic Origins of the Human Character" - Narcissistic-Perfectionist Personality Type (NP) with special reference to infantile autism

Stringer, Kathi (2003) An Object Relations Approach to Understanding Unusual Behaviors and Disturbances

James Robert Brasic, MD, MPH (2003) Pervasive Developmental Disorder: Asperger Syndrome

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Misdiagnosing Narcissism - The Bipolar I Disorder by Sam Vaknin

(The use of gender pronouns in this article reflects the clinical facts: most narcissists are men.)

The manic phase of Bipolar I Disorder is often misdiagnosed as Narcissistic Personality Disorder (NPD).

Bipolar patients in the manic phase exhibit many of the signs and symptoms of pathological narcissism - hyperactivity, self-centeredness, lack of empathy, and control freakery. During this recurring chapter of the disease, the patient is euphoric, has grandiose fantasies, spins unrealistic schemes, and has frequent rage attacks (is irritable) if her or his wishes and plans are (inevitably) frustrated.

The manic phases of the bipolar disorder, however, are limited in time - NPD is not. Furthermore, the mania is followed by - usually protracted - depressive episodes. The narcissist is also frequently dysphoric. But whereas the bipolar sinks into deep self-deprecation, self-devaluation, unbounded pessimism, all-pervasive guilt and anhedonia - the narcissist, even when depressed, never forgoes his narcissism: his grandiosity, sense of entitlement, haughtiness, and lack of empathy.

Narcissistic dysphorias are much shorter and reactive - they constitute a response to the Grandiosity Gap. In plain words, the narcissist is dejected when confronted with the abyss between his inflated self-image and grandiose fantasies - and the drab reality of his life: his failures, lack of accomplishments, disintegrating interpersonal relationships, and low status. Yet, one dose of Narcissistic Supply is enough to elevate the narcissists from the depth of misery to the heights of manic euphoria.

Not so with the bipolar. The source of her or his mood swings is assumed to be brain biochemistry - not the availability of Narcissistic Supply. Whereas the narcissist is in full control of his faculties, even when maximally agitated, the bipolar often feels that s/he has lost control of his/her brain ("flight of ideas"), his/her speech, his/her attention span (distractibility), and his/her motor functions.

The bipolar is prone to reckless behaviors and substance abuse only during the manic phase. The narcissist does drugs, drinks, gambles, shops on credit, indulges in unsafe sex or in other compulsive behaviors both when elated and when deflated.

As a rule, the bipolar's manic phase interferes with his/her social and occupational functioning. Many narcissists, in contrast, reach the highest rungs of their community, church, firm, or voluntary organization. Most of the time, they function flawlessly - though the inevitable blowups and the grating extortion of Narcissistic Supply usually put an end to the narcissist's career and social liaisons.

The manic phase of bipolar sometimes requires hospitalization and - more frequently than admitted - involves psychotic features. Narcissists are never hospitalized as the risk for self-harm is minute. Moreover, psychotic microepisodes in narcissism are decompensatory in nature and appear only under unendurable stress (e.g., in intensive therapy).

The bipolar's mania provokes discomfort in both strangers and in the patient's nearest and dearest. His/her constant cheer and compulsive insistence on interpersonal, sexual, and occupational, or professional interactions engenders unease and repulsion. Her/his lability of mood - rapid shifts between uncontrollable rage and unnatural good spirits - is downright intimidating. The narcissist's gregariousness, by comparison, is calculated, "cold", controlled, and goal-orientated (the extraction of Narcissistic Supply). His cycles of mood and affect are far less pronounced and less rapid.

The bipolar's swollen self-esteem, overstated self-confidence, obvious grandiosity, and delusional fantasies are akin to the narcissist's and are the source of the diagnostic confusion. Both types of patients purport to give advice, carry out an assignment, accomplish a mission, or embark on an enterprise for which they are uniquely unqualified and lack the talents, skills, knowledge, or experience required.

But the bipolar's bombast is far more delusional than the narcissist's. Ideas of reference and magical thinking are common and, in this sense, the bipolar is closer to the schizotypal than to the narcissistic.

There are other differentiating symptoms:

Sleep disorders - notably acute insomnia - are common in the manic phase of bipolar and uncommon in narcissism. So is "manic speech" - pressured, uninterruptible, loud, rapid, dramatic (includes singing and humorous asides), sometimes incomprehensible, incoherent, chaotic, and lasts for hours. It reflects the bipolar's inner turmoil and his/her inability to control his/her racing and kaleidoscopic thoughts.

As opposed to narcissists, bipolar in the manic phase are often distracted by the slightest stimuli, are unable to focus on relevant data, or to maintain the thread of conversation. They are "all over the place" - simultaneously initiating numerous business ventures, joining a myriad organization, writing umpteen letters, contacting hundreds of friends and perfect strangers, acting in a domineering, demanding, and intrusive manner, totally disregarding the needs and emotions of the unfortunate recipients of their unwanted attentions. They rarely follow up on their projects.

The transformation is so marked that the bipolar is often described by his/her closest as "not himself/herself". Indeed, some bipolars relocate, change name and appearance, and lose contact with their "former life". Antisocial or even criminal behavior is not uncommon and aggression is marked, directed at both others (assault) and oneself (suicide). Some biploars describe an acuteness of the senses, akin to experiences recounted by drug users: smells, sounds, and sights are accentuated and attain an unearthly quality.

As opposed to narcissists, bipolars regret their misdeeds following the manic phase and

try to atone for their actions. They realize and accept that "something is wrong with them" and seek help. During the depressive phase they are ego-dystonic and their defenses are autoplastic (they blame themselves for their defeats, failures, and mishaps).

Finally, pathological narcissism is already discernible in early adolescence. The full-fledged bipolar disorder - including a manic phase - rarely occurs before the age of 20. The narcissist is consistent in his pathology - not so the bipolar. The onset of the manic episode is fast and furious and results in a conspicuous metamorphosis of the patient.

More about this topic here:

Stormberg, D., Roningstam, E., Gunderson, J., & Tohen, M. (1998) Pathological Narcissism in Bipolar Disorder Patients. Journal of Personality Disorders, 12, 179-185

Roningstam, E. (1996), Pathological Narcissism and Narcissistic Personality Disorder in Axis I Disorders. Harvard Review of Psychiatry, 3, 326-340

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