Misdiagnosing Narcissism - The Bipolar I Disorder

By Sam Vaknin

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(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

Sam Vaknin (http://samvak.tripod.com) is the author of Malignant Self Love - Narcissism Revisited and After the Rain - How the West Lost the East. He served as a columnist for Central Europe Review, PopMatters, and eBookWeb , and Bellaonline, and as a United Press International (UPI) Senior Business Correspondent. He is the the editor of mental health and Central East Europe categories in The Open Directory and Suite101.

Understanding Mood Disorders

By Jason Miller

Its shocking to note that mood disorders these days are not uncommon. In the United States alone it is estimated that between 15 and 20 million people suffer from depressive disorders. Most symptoms of depression would be characterized as overwhelming sadness and loss of joy and pleasure in daily activities. Depression has been called the "common cold of mental illness," not indicating that symptoms of depression are mild, but because they are widespread.

Bipolar disorder is one of many types of depression that affects many individuals. More recently this disorder has been given more public light. Symptoms of this disorder often include mixed states of mania and depression. Often times during the depression phase of bipolar disorder patients are plagued with thoughts of suicide, while during the manic phase the patient has far more energy than normal. Often times they are very talkative, and experience a huge boost in self-confidence.

It is estimated that bipolar disorder affects about 2.3 million adults in the United States in any given year. A worldwide accounting of bipolar disorder in adults is alot higher. Statistical numbers of mood disorders cannot, however, descibe the pain and suffering that such ones go through.

Depression

Everyone experiences a "case of the blues" from time to time, but most often it only lasts a relativly short time. This would not be considered clinical depression, which is far more serious than a "case of the blues."

What causes clinical depression? While it is not fully understood as to all the causes of clinical depression it is noted that there are many biological and emotional factors that contribute to the development of a severe depressive disorder. It effects more than 19 million American's a year, and it is estimated that approximately 3% to 5% of teenagers suffer from clinical depression every year.

Those suffering from chronic depression often fail to realize the seriousness of their condition. Just how serious is it? It has often been linked to lack of performance, alcohol and drug abuse, severe feelings of worthlessnes and guilt, and in many cases suicide.

Often times having an empathetic friend that will lend a listening ear can bring great relief. However because the biochemical factor that is involved with the disorder it is not often realistic to rely solely on your friends listening ear.

Mood disorders such as clinical depression often have a great impact on family members. However, there are things that family members can do to help those ailing from the condition. Wholehearted support is vital when a loved one is suffering from this disorder. It is often helpful to study up on the condition and become thoroughly familiar with the disorder. This will allow ones to be able to better cope and deal with the

sufferer.

Bipolar Disorder

Living with depression can be a great challenge, but the challenge is even greater when it is coupled with mania, a mood swing in bipolar disorder. Family members may often be confused as to the erratic behavior of those suffering from bipolar disorder. States Becky, "Its hard to see my brother switching from a happy person to such a sad person so suddenly. It's very hard on all of the family, we all feel helpless like there is nothing we can do."

Bipolar's effects are not just directed one way. Often times the pain is reflected inwards as well to the sufferer. The patient suffering from bipolar disorder may often be left confused at the lack of stability in their life.

What is the cause of bipolar disorder? Through several studies scientists are trying to uncover the cause of bipolar disorder. While there is no known single cause of bipolar disorder it is know that genetics plays a big part in the cause. Family members that are directly related to ones who suffer from bipolar depression have a greater chance of developing the bipolar or major depression in your lifetime.

Bipolar disorder knows no gender, and has an equal opportunity of affecting both sexes. Most often the disorder starts developing in young adulthood, however cases studies have shown development of the disorder in younger age groups. Since the symptoms are so wide in their range it is often hard to detect, especially when intervals between mania and depression can last years.

While living with depression or bipolar depression may be hard, and equally as hard to diagnose there is hope for those that suffer from them.

For further information and articles on depression and other mental health disorders please visit HelpingDepression.com

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