



Narcissism and Autism

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Abstract

While the narcissist avoids pain by excluding, devaluing, and discarding others - the autistic 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 autistic patients are prone to react with depression to perceived slights and injuries - but Autistic patients are far more at risk of self-harm and suicide.

Research Note

Asperger's Disorder (renamed in the DSM V Autistic Spectrum Disorder Level 1) 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).

Personality disorders cannot be safely diagnosed prior to early adolescence. Still, though frequently found between the ages of 3 and 6, Asperger's Disorder is often misdiagnosed as a cluster B personality disorder, most often as the Narcissistic Personality Disorder (NPD).

The Asperger's Disorder Patient

The Asperger's Disorder 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's body language - eye to eye gaze, body posture, facial expressions - is constricted and artificial, akin to patients with the Schizoid, Schizotypal, and Narcissistic Personality Disorders. Nonverbal cues are virtually absent and their interpretation in others lacking.

Yet, Asperger's and personality pathologies have little in common

Autism Spectrum Disorder (ASD) 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 autistic patient's body language - eye to eye gaze, body posture, facial expressions - is constricted and artificial, akin to the narcissists. Nonverbal cues are virtually absent and their interpretation in others lacking.

Yet, the gulf between autism 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 autistic 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

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largely unaware of the wishes, needs, and feelings of his interlocutors or counterparties.

Inevitably, autistic 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 autistic 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 autistic patients are prone to react with depression to perceived slights and injuries - but Autistic 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 Autistic 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 autistic 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.

The Use of Language

Patients with most personality disorders are skilled communicators and manipulators of language. In some personality disorders (Antisocial, Narcissistic, Histrionic, Paranoid) the patients' linguistic skills far surpass the average. The narcissist, for instance, hones language as an instrument and uses it to obtain Narcissistic Supply or as a weapon to obliterate his "enemies" and discarded sources with. Cerebral narcissists actually derive Narcissistic Supply from the consummate use they make of their innate loquaciousness.

In contrast, the Asperger's patient, though verbose at times (and taciturn on other occasions) has a far more limited range of tediously repetitive topics. People with Asperger's fail to observe conversational rules and etiquette (for instance, let others speak in turn). The Asperger's patient is unaware and, therefore, unable to decipher body language and external social and nonverbal cues and gestures. He is incapable of monitoring his own misbehavior. Psychopaths, narcissists, borderlines, schizotypals, histrionics, paranoids, and schizoids are similarly inconsiderate - but they control their behavior and are fully cognizant of reactions by others. They simply choose to ignore these data.

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