



Commonalities and differences in characteristics of persons at risk for narcissism and mania

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ABSTRACT

Clinicians have long noted overlap in some of the key features of narcissism and bipolar disorder, including excessively high goals and impulsivity. In addition, empirical findings consistently document high levels of comorbidity between the two conditions. To better understand the similarities and differences in psychological qualities associated with mania- and narcissism-related vulnerabilities, we administered to 233 undergraduates a broad range of measures pertaining to goals and affects (both their experience and their dysregulation) and impulsivity. As hypothesized, tendencies toward both narcissism and hypomania related to elevations on measures of affective and goal dysregulation. In addition, hypomania tendencies were related to higher impulsivity, but that association did not appear for narcissistic tendencies. Results highlight key commonalities and differences between those at risk for mania versus narcissism. Future research should examine these relationships in clinically diagnosed samples.

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1. Introduction

For decades, clinicians have written about overlap in several facets of narcissistic personality disorder (NPD) and bipolar disorder. As Akiskal (1992) noted, Kraepelin's early description of persons with manic temperament—versatile, intelligent, and charming, while at the same time restless, temperamental, and unreliable—closely resembles clinical descriptions of NPD. Indeed, epidemiological studies have documented high rates of NPD among persons with bipolar disorder. As many as 31% of people diagnosed with bipolar I or II disorder also meet criteria for cluster B personality disorders (Garno, Goldberg, Ramirez, & Ritzler, 2005; Mantere et al., 2006). Although rates of NPD in the general population rarely exceed 1% (e.g., Torgersen, Kringle, & Cramer, 2001), bipolar disorder has been related to an eightfold elevation in rates of NPD in both inpatient (Brieger, Ehrt, & Marneros, 2003) and outpatient samples (Garno et al., 2005), despite some lower estimates in other research (Mantere et al., 2006). Even in samples with less extreme manic tendencies, such as persons diagnosed with bipolar II disorder, rates of NPD as high as 5% have been obtained (Vieta et al., 2000). Although NPD in bipolar disorder is most likely to be diagnosed during periods of mania (Akiskal, 1992; Stormberg, Ronningstam, Gunderson, & Tohen, 1998), rates of NPD remain as high as 4.5% even among those in remission from mania (George, Miklowitz, Richards, Simoneau, & Taylor, 2003). In sum, narcissism and bipolar disorder are frequently comorbid, and manic episodes appear to exacerbate narcissism symptoms.

Within bipolar disorder, comorbid personality disorders are related to poorer treatment adherence (Colom et al., 2000), more severe symptoms over time (Bieling et al., 2003; Colom et al., 2004; Dunayevich et al., 2000), and poorer medication adherence (Colom et al., 2000). More specific analyses suggest that Cluster B personality disorders are related to increased risk for suicidal behavior (Garno et al., 2005). Hence it is important to understand this comorbidity and its basis. In this study,

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we consider three characteristics—approach-related affect, goal pursuit, and impulsivity—and their relations to risk for both mania and narcissism.

2. Approach-related affective dysregulation in mania

Why these characteristics? It has been hypothesized that mania stems from heightened sensitivity of the approach system (Depue & Iacono, 1989). This is manifested partly in greater affective responses to success in goal pursuit. Results from several studies are consistent with the idea that people with bipolar disorder and those at risk for bipolar disorder experience more positive emotions in their daily lives than other people (Lovejoy & Steuerwald, 1995). More specifically, they report more approach-relevant affects, such as joy and enthusiasm, as opposed to the relaxed affect of contentedness (Gruber, Johnson, Oveis, & Keltner, 2008).

Mania appears particularly tied to positive emotions in response to reward (Meyer, Johnson, & Winters, 2001). Several studies have found elevated scores on the Carver and White (1994) scale for reward responsiveness among persons diagnosed with bipolar I disorder (Meyer et al., 2001; Salavert et al., 2007; see Jones, Mansell, & Waller, 2006 for a nonreplication), students with bipolar spectrum disorder (Alloy et al., 2006), and those at risk for bipolar disorder (Gruber & Johnson, in press; Johnson & Carver, 2006; Meyer & Hofmann, 2005; Meyer, Johnson, & Carver, 1999; Nusslock, Abramson, Harmon-Jones, Alloy, & Hogan, 2007). Evidence from psychophysiological studies also suggests that people at risk for mania respond more strongly to positive stimuli than do other people (Sutton & Johnson, 2002). In two recent studies, people at risk for bipolar disorder even endorsed engaging in more strategies to maximize positive moods, such as dwelling on how well they did and how great they felt (Feldman, Joormann, & Johnson, in press; Johnson, McKenzie, & McMurrich, in press).

The possibility of particularly intense affect among persons with manic tendencies is not limited to positive affect. Mania and hypomania are also sometimes characterized by intense anger (Benazzi & Akiskal, 2005; Cassidy, Forest, Murry, & Carroll, 1998; Hantouche & Akiskal, 2005). Similarly, there is evidence that people at risk for bipolar disorder and those with diagnosed bipolar disorder experience more intense reactions to goal frustration than do other people (Harmon-Jones et al., 2002, 2008). One might expect this lability of anger responses to be reflected as well in lower levels of trait agreeableness.

3. Goal regulation in mania

Several cognitive effects also emerge in the way that people who are prone to mania react to goal-related successes. Although these effects certainly pertain to intense reward-related affect, they go beyond affective responses. A number of findings suggest easy elevations in confidence among people prone to mania. For example, when in positive moods, persons with bipolar I disorder tend to ignore advice more than others do (Mansell & Lam, 2006). They tend to interpret their high moods as a sign that they can conquer more (Jones et al., 2006). People at risk for bipolar disorder also report greater increases in confidence (Eisner, Johnson, & Carver, 2008) and goal-setting (Johnson, Ruggero, & Carver, 2005) than do others after small successes. Overly positive self-views at treatment entry have predicted maintenance of manic symptoms during treatment (Lam, Wright, & Sham, 2005). Hence people with bipolar disorder and those at risk appear to respond to small successes and positive moods with more extreme elevations in confidence.

Beyond fluctuations in confidence, recent findings suggest that people with bipolar disorder and those at risk for the disorder are more likely to endorse extremely ambitious life goals than are other people (Gruber & Johnson, in press; Johnson & Carver, 2006; Johnson, Eisner, & Carver, submitted for publication). More specifically, they endorse extreme extrinsic goals, such as achieving wealth and fame, but not intrinsic goals, such as quality of close relationships. This high goal-setting appears to be present even during asymptomatic periods.

4. Impulsivity in mania

Another characteristic of persons with manic symptoms is impulsivity (Moeller, Barratt, Dougherty, Schmitz, & Swann, 2001). Persons with bipolar spectrum disorder have high rates of impulse control disorders (Akiskal, 2005). Research suggests that mania is characterized by elevations in impulsivity, as measured using the Barratt Impulsiveness Scale (BIS-11; Patton, Stanford, & Barratt, 1995). Particularly robust elevations have been found on the motor impulsivity scale, but elevations on the other BIS-11 subscales have been found as well (Peluso et al., 2007). Although impulsivity appears to be magnified during periods of mania (Swann, Pazzaglia, Nicholls, Dougherty, & Moeller, 2003), several studies document elevated impulsivity during remission (Christodoulou, Lewis, Ploubidis, & Frangou, 2006; Peluso et al., 2007; Perris, 1984). Impulsivity (measured in this case by the Impulsive-Nonconformity Scale of Chapman et al., 1984) has been found to predict the onset of bipolar spectrum disorder over a 13-year period among a high risk sample: 67% of high scorers on this scale, versus only 11% of low scorers, met criteria for bipolar disorder at follow-up (Kwapil et al., 2000).

5. Similar characteristics in narcissism

Aspects of the pattern just described have also been identified among persons at risk for narcissism. High levels of anger have been seen among inpatients with narcissistic personality traits (Goldberg et al., 2007) and healthy persons at risk for

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