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Narcissism and the *DSM–5* Alternative Model of Personality Disorder

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In the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition*, Section III alternative model of personality disorder, narcissistic personality disorder (NPD) is assessed via required elevations on 2 of 4 Criterion A domains of personality dysfunction (i.e., self-direction, identity, empathy, intimacy) and 2 personality traits (Criterion B: attention seeking and grandiosity). Evidence to date suggests that these 2 traits successfully account for variance in scores in traditionally (i.e., Section II) assessed NPD and grandiose narcissism but leave substantial variance unaccounted for in the more broadly psychopathological construct of vulnerable narcissism. When tested simultaneously in the statistical prediction of NPD and narcissism scores, the Criterion B trait composite accounts for much greater unique variance than the Criterion A personality functioning domains. In general, the crIterion B traits associated with NPD are robustly related to narcissism, although several other traits also demonstrate substantial correlations with various narcissism measures (e.g., manipulativeness, callousness, deceitfulness) that may warrant further attention when assessing for narcissistic psychopathology.

Keywords: narcissistic personality disorder, alternative model of personality disorder, *DSM–5*

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Reviewing the evidence for the success of the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition* (*DSM–5*; American Psychiatric Association, 2013) Section III alternative model of personality disorder (AMPD) in capturing narcissistic personality disorder (NPD) is an interesting task as it was one of five personality disorders originally slated for deletion. The rationale for removing NPD, along with these other four, was never particularly clearly explicated nor was the subsequent rationale for keeping it but we are pleased that it was retained as we believe NPD is a clinically coherent and useful construct, especially given its associated social impairment (Miller et al., 2007).[1]

NPD in the *DSM–5* AMPD is diagnosed primarily on the basis of impaired functioning in two of four domains (Criterion A)—identity (e.g., excessive reference to others for self-esteem regulation), self-direction (e.g., goal-setting based on approval from others), empathy (e.g., difficulty identifying with the feelings of others), and intimacy (e.g., superficial relationships)—as well as the presence of two pathological traits (Criterion B)—grandiosity (e.g., belief that one is better than others, entitlement) and attention seeking (e.g., desire to be focus of attention, admiration seeking; American Psychiatric Association, 2013). The use of only two traits in Criterion B for NPD represents by far the fewest traits used to assess the six PDs (i.e., 50% fewer than the next closest PD; avoidant PD = 4; obsessive–compulsive = 4; schizotypal = 6; antisocial = 7; borderline = 7). The number of NPD Criterion B traits was limited to reduce overlap with antisocial PD (Morey et al., 2016), although such approaches may prioritize discriminant validity at the cost of construct validity. Experts (Samuel et al., 2012) rated grandiosity as the most relevant trait to NPD (3 on a 0 to 3 scale of relevance) followed by manipulativeness (2.38), callousness (2.07), risk taking (1.85), attention seeking (1.83), and hostility (1.69). The inclusion of traits beyond grandiosity and attention seeking would have likely improved the content and construct validity of *DSM–5* NPD scores.

The *DSM–5* AMPD also includes specifiers for NPD—these can be used to "record additional personality features that may be present in narcissistic personality disorder but are not required for diagnosis . . . other traits of negative affectivity (e.g., depressivity, anxiousness) can be specified to record more 'vulnerable' presentations" (American Psychiatric Association, 2013, p. 768). These specifiers aligned with a burgeoning recognition that many measures of narcissism and/or NPD differed in whether they assessed grandiose or vulnerable narcissism (Cain et al., 2008). This issue increased in salience as it became clear that the nomological networks associated with the two narcissism dimensions are vastly different (Miller et al., 2011). Grandiose narcissism is associated with grandiosity, entitlement, high self-esteem, interpersonal gregariousness and assertiveness, and externalizing forms of psychopathology. Conversely, vulnerable narcissism is associated with pervasive negative affectivity, introversion, egocentrism, a distrustful and anxious attachment style, low self-esteem, and both internalizing and externalizing symptoms. The two manifest small to moderate

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[1] This review was not pre-registered.

relations and thus someone may be elevated on neither, either, or both. Diagnostically, the traditional *DSM–IV/DSM–5* Section II NPD symptoms focus more on grandiosity than vulnerability, although most self-report measures of NPD blend content from both relatively equally. The etiology (Brummelman et al., 2015; Miller et al., 2011) and treatment seeking behaviors (Pincus et al., 2009) of these narcissistic dimensions differ, as will treatment approaches. Given that these different presentations are now acknowledged in the field, the ability to use additional pathological traits (beyond grandiosity and attention seeking) as well as impaired functioning to diagnose NPD in the *DSM–5* AMPD is helpful.

Last Things First: Criterion B of the *DSM–5* AMPD and Narcissism

Between the two major components of the *DSM–5* AMPD, Criterion B has received the overwhelming majority of attention due in part to the early creation of a measure designed to assess the 25 traits by members of the *DSM–5* PD Work Group: the Personality Inventory for *DSM–5* (PID-5; Krueger et al., 2012). The PID-5 is a 220-item self-report measure that tends to have a five-factor structure which aligns relatively closely with the five-factor model of personality (Gore & Widiger, 2013).

As noted, NPD requires the presence of both attention seeking and grandiosity (which tend to be correlated around .40 to .60). Composites of these two traits have a reasonably strong association with *DSM–IV/DSM–5* Section II NPD symptom counts, with correlations ranging from .50 to .75 (Morey & Skodol, 2013; Miller et al., 2015; Sleep et al., 2018). They also generate a pattern of external correlates similar to that of NPD symptoms (Miller et al., 2015; absolute similarity of general trait profiles, r_{ICC} = .83). In Table 1, we present weighted, mean correlations from a random effect meta-analysis of the relations between the 25 facets of the *DSM–5* AMPD, as measured by the PID-5 family of measures (Krueger et al., 2012; Maples et al., 2014), and measures of grandiose and vulnerable narcissism.[2] Effect sizes for *DSM–5* AMPD traits and NPD were taken from Watters et al. (2019) meta-analysis. We also compare these correlational profiles with one another and to an expert prototype of NPD.

The meta-analytically derived *DSM–5* AMPD NPD trait profile was strongly correlated with the profile for grandiose narcissism (r = .85) and reasonably correlated with the expert NPD prototype (r = .61) but unrelated to the vulnerable narcissism profile (r = .11), which was negatively but nonsignificantly related to the expert prototype (r =-.37). The meta-analytic profile for grandiose narcissism manifested the largest correlation with the expert prototype (r =.71). There was consistent evidence for the relevance of several pathological traits beyond grandiosity and attention seeking including deceitfulness, manipulativeness, hostility, and callousness. These facets are all indicative of the broader antagonism domain. Among diagnostic indicators, NPD is one of the strongest to load on an antagonism dimension within the Hierarchical Taxonomy of Psychopathology (Ringwald et al., 2021), so to the extent that a diagnostic model captures traits central to antagonism (Sleep et al., 2021), it will prove successful in capturing many aspects of narcissism. The specifier approach for vulnerable narcissism features seems appropriate. It is clear that vulnerable narcissism is a much more diffuse and broadly pathological construct than grandiose narcissism and NPD—so much so that some see it as largely analogous to trait neuroticism (Miller et al., 2018) or a general factor of psychopathology (Edershile et al., 2019). In the current meta-analysis, vulnerable narcissism manifested a mean correlation across the 25 AMPD traits of .43 and only 3 of the 25 traits had a correlation below. 30. If traits indicative of vulnerable narcissism were added to the diagnostic criteria for NPD, it would yield a less internally consistent construct with greater diagnostic co-occurrence with most forms of psychopathology. Consistent with three-factor models of narcissism that are increasingly popular (Crowe et al., 2019; Krizan & Herlache, 2018), agentic parts of extraversion that capture narcissistic traits related to attention seeking, domineering, leadership, and gregariousness may not be as well assessed by the *DSM–5* AMPD given that a unipolar model of personality was specified. Although low Detachment does correlate with Extraversion (for example, Few et al., 2013; rs = −.66 [clinician rating] and −.77 [PID-5], there may be important parts of extraversion/approach related traits not sufficiently covered.

A few studies have compared variance accounted for by the criterion B traits to that of all 25 AMPD traits in the statistical prediction of *DSM–IV/DSM–5* NPD diagnoses. When examined in a two-step fashion where the two traits were entered at Step 1 and the remaining 23 traits at Step 2, grandiosity and attention seeking consistently account for the lion's share of variance. Morey et al. (2016) found that Criterion B traits accounted for 62% of the variance in clinician-rated NPD symptoms, a value that increased to 73% with the addition of the remaining 23 pathological traits. A similar pattern was observed in Few et al. (2013) with criterion B traits accounting for 35% and 29% of the variance in clinician rated and self-reported NPD symptoms respectively, and the remaining traits accounting for an additional 8% and 3% of the variance. Yam and Simms (2014) found that the addition of the remaining 23 pathological traits increased variance accounted for in NPD from 30% to 42%, and that hostility and suspiciousness both incremented the prediction of NPD above and beyond attention seeking and grandiosity; both hostility and suspiciousness were rated as moderately relevant to NPD by experts (Samuel et al., 2012). Only one study has looked at this explicitly in reference to both grandiose and vulnerable narcissism; for the former, the two traits accounted for the majority of the variance (Step 1: 63%; Step 2: 7%; Miller et al., 2013) but for vulnerable narcissism, many other pathological traits from across the remaining personality domains accounted for substantial additional variance (Step 1: 19%; Step 2: 54%). This again speaks to relatively specific and narrow nature of NPD/grandiose narcissism as compared to vulnerable narcissism.

First Things Last: Criterion A of the *DSM–5* AMPD and Narcissism

Research into Criterion A has been slower to accumulate due in part to the fact that there was no measure of this model until much more recently (Levels of Personality Functioning Scale-Self Report

[2] Grandiose narcissism was assessed via the Narcissistic Personality Inventory (Raskin & Terry, 1988), the Narcissistic Grandiosity Scale (Rosenthal et al., 2007), the grandiose dimensions from the Five-Factor Narcissism Inventory (Glover et al., 2012) and the Pathological Narcissism Inventory (Pincus et al., 2009), and the narcissism score from the Short Dark Triad (Jones & Paulhus, 2014). Vulnerable narcissism was assessed via scores from the Hypersensitive Narcissism Scale (Hendin & Cheek, 1997), as well as the vulnerable dimensions from the Five-Factor Narcissism Inventory and Pathological Narcissism Inventory.

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Table 1
Weighted Meta-Analytic Estimates of Alternative Model of Personality Disorder Trait Relations With Measures of NPD and Grandiose and Vulnerable Narcissism

DSM–5 AMPD traits	Expert ratings	NPD	Grandiose	Vulnerable
		ES r	*ES r*	*ES r*
Grandiosity	3.00	**.49**	**.57**	**.32**
Manipulativeness	2.38	**.43**	**.51**	**.32**
Callousness	2.07	**.44**	**.36**	**.40**
Risk Taking	1.85	.23	**.35**	.07
Attention Seeking	1.83	**.43**	**.56**	**.39**
Hostility	1.69	**.42**	.27	**.55**
Deceitfulness	1.59	**.44**	**.43**	**.46**
Suspiciousness	1.45	**.38**	.27	**.53**
Emotional Lability	1.28	.29	.16	**.54**
Intimacy Avoidance	1.14	.11	.04	.27
Impulsivity	0.93	**.32**	.29	**.36**
Restricted Affectivity	0.86	.18	.15	.26
Irresponsibility	0.86	**.35**	.25	**.42**
Anxiousness	0.83	.22	.04	**.57**
Rigid Perfectionism	0.83	.26	.25	**.38**
Separation Insecurity	0.62	.27	.18	**.49**
Depressivity	0.55	.22	.06	**.55**
Anhedonia	0.41	.17	.01	**.48**
Perseveration	0.38	**.32**	.18	**.56**
Withdrawal	0.36	.18	.00	**.43**
Eccentricity	0.18	**.33**	.21	**.45**
Distractibility	0.17	.26	.12	**.52**
Submissiveness	0.14	.09	.08	**.41**
Unusual beliefs and experiences	0.14	**.33**	**.34**	**.35**
Cognitive/perceptual dysregulation	0.07	**.36**	**.30**	**.50**
*N*s		7,947	4,529	2,751
Relative profile similarity				
NPD	.61*			
Grandiose Narcissism	.71*	.85*		
Vulnerable Narcissism	−.37	.11	−.34	

Note. NPD = narcissistic personality disorder. Meta-analytic effect sizes for NPD are taken directly from Watters et al. (2019). Bolded traits are those included in Criterion B of the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition* NPD diagnosis. Bolded values are mean effect sizes of |.30| or larger. See online supplemental materials for references that contributed to these meta-analytic effect size estimates.
* $p \leq .01$.

[LPFS-SR]; Morey, 2017) and that this model did not attract the attention of clinical personality psychologists to the same degree that Criterion B did (see Widiger et al., 2019 for a review). In our opinion, there are a number of questions that remain with regard to Criterion A: whether personality functioning is unidimensional or multidimensional, whether it is sufficiently distinct from Criterion B traits, whether it provides sufficient incremental validity over these traits (see Sleep et al., 2019a, 2019b; see reply by Morey, 2019), and whether it might be better assessed using an approach that prioritizes trait-related role impairments.

Although there are relatively few data thus far, grandiosity and attention seeking manifest small to moderate relations with personality functioning as described in the *DSM–5* AMPD (mean *r*s: Identity: .15/.20; Self-direction: .18/.18, Empathy: .38/.18; Intimacy: .30/.10; Sleep et al., 2019a, 2021, respectively). Indices of disturbed functioning that are disorder specific demonstrate stronger relations (Anderson & Sellbom, 2018), but with the exception of the Criterion A empathy domain, antagonism traits are less strongly linked to *DSM–5* personality functioning than the other Criterion B trait domains. Given that NPD causes others a great deal of distress and impairment (Miller et al., 2007), we believe measures of personality functioning should consider others' functioning and well-being as well (e.g., Pilkonis et al., 2011).

Unique Variance Accounted for by Criteria A and B in Narcissism/NPD Scores

With the goal of creating parsimonious diagnostic models, there has been some interest in testing the degree to which criterion A and B overlap and the unique variance they account for in various outcomes, namely the traditional PD constructs they were designed to assess. At least five studies have examined this issue in relation to NPD (Few et al., 2013; Morey et al., 2016; Sleep et al., 2018, 2019a, 2021). On average, the two NPD traits account for an additional (i.e., unique) 18% of the variance in *DSM–IV*/*DSM–5* NPD scores above Criterion A personality functioning, whereas the personality functioning domains account for an additional 7% above the two traits on average. This asymmetry is not limited to NPD as the criterion B traits account for more unique variance than criterion A personality dysfunction for all the PDs. For grandiose narcissism, NPD traits account for an additional 30% of the variance above and beyond criterion A whereas criterion A accounted for an additional 4% of the variance above and beyond the traits (C. E. Sleep, personal communication, April 1, 2021). Even when NPD specific impairment descriptions are used in place of generic Criterion A descriptions, the NPD-related traits incremented impairment in the prediction of Section II NPD but NPD specific impairment scores

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did not account for variance above and beyond the traits (Anderson & Sellbom, 2018).

Conclusion

The existing data suggest that the *DSM–5* AMPD does a reasonable job in assessing both traditional NPD, as well as grandiose and vulnerable narcissism (assuming appropriate application of trait specifiers). Additional work is needed to test how Criterion A personality dysfunction domains relate to narcissism, whether this description of dysfunction is sufficient for externalizing disorders, and how well the entire model works when tested simultaneously rather than in a piecemeal fashion. Modern models of narcissism increasingly use a three-factor structure (antagonism vs. agentic extraversion vs. neuroticism; see Miller et al., 2021 for a review); although antagonism and neuroticism components should be easily captured by the *DSM–5* AMPD, it is less clear whether this model is as well-situated to capture the agentic extraversion that comprises traits such as admiration seeking, domineering, and authoritativeness. Models that can describe all three narcissism components are important as they likely have different etiological risk factors, psychological correlates, and require different treatment approaches. We hope scholars continue to test the *DSM–5* AMPD in relation to narcissism as we believe the AMPD, similar to the new trait-based model in the *International Classification of Diseases, 11th Revision*, represents an important step toward a more useful and empirically grounded nosology.

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