

☐

I'm not robot


reCAPTCHA

Continue

Dsm 5 criteria for narcissistic personality disorder pdf

Dsm 5 criteria for personality disorders. Dsm-5 criteria for narcissism. Dsm 5 criteria for narcissistic personality disorder. Dsm narcissism criteria.

You are here: Home > About NPD > Overview of NPD > DSM-5 Narcissistic personality disorder (NPD) is a personality disorder with a long-term pattern of abnormal behaviour characterized by exaggerated feelings of self-importance, an excessive need for admiration, and a lack of empathy. People affected by it often spend a lot of time thinking about achieving power or success, or about their appearance. They often take advantage of the people around them. The behaviour typically begins by early adulthood, and occurs across a variety of social situations. The following is a cut-down version reproduced from Wikipedia: Symptoms The DSM-5 indicates that persons with NPD usually display some or all of the following symptoms, typically without the commensurate qualities or accomplishments: Grandiosity with expectations of superior treatment from other people Fixated on fantasies of power, success, intelligence, attractiveness, etc. Self-perception of being unique, superior, and associated with high-status people and institutions Needing continual admiration from others Sense of entitlement to special treatment and to obedience from others Exploitative of others to achieve personal gain Unwilling to empathize with the feelings, wishes, and needs of other people Intensely envious of others, and the belief that others are equally envious of them Pompous and arrogant demeanor Background Narcissistic personality disorder usually develops in adolescence or during early adulthood. It is not uncommon for children and adolescents to display some traits similar to those of NPD, but such occurrences usually are transient, and do not meet the criteria for a diagnosis of NPD. True symptoms of NPD are pervasive, apparent in varied situations, and rigid, remaining consistent over time. The NPD symptoms must be sufficiently severe to the degree that significantly impairs the person’s capabilities to develop meaningful human relationships. Generally, the symptoms of NPD also impair the person’s psychological abilities to function, either at work, or school, or important social settings.



The DSM-5 indicates that the traits manifested by the person must substantially differ from cultural norms, in order to qualify as symptoms of NPD. Associated features People with NPD tend to exaggerate their skills and accomplishments as well as their level of intimacy with people they consider to be high-status. Their sense of superiority may cause them to monopolize conversations and to become impatient or disdainful when others talk about themselves. In the course of a conversation, they may purposefully or unknowingly disparage or devalue the other person by overemphasizing their own success. When they are aware that their statements have hurt someone else, they tend to react with contempt and to view it as a sign of weakness. When their own ego is wounded by a real or perceived criticism, their anger can be disproportionate to the situation, but typically, their actions and responses are deliberate and calculated. Despite occasional flare-ups of insecurity, their self-image is primarily stable (i.e., overinflated). Pathological To the extent that people are pathologically narcissistic, they can be controlling, blaming, self-absorbed, intolerant of others’ views, unaware of others’ needs and the effects of their behavior on others, and insist that others see them as they wish to be seen. Narcissistic individuals use various strategies to protect the self at the expense of others. They tend to devalue, derogate, insult and blame others, and they often respond to threatening feedback with anger and hostility. Since the fragile ego of individuals with NPD is hypersensitive to perceived criticism or defeat, they are prone to feelings of shame, humiliation and worthlessness over minor or even imagined incidents. They usually mask these feelings from others with feigned humility or by isolating themselves socially, or they may react with outbursts of rage, defiance, or by seeking revenge. The merging of the “inflated self-concept” and the “actual self” is seen in the inherent grandiosity of narcissistic personality disorder. Also inherent in this process are the defence mechanisms of denial, idealization and devaluation. Maladaptive According to the DSM-5, “Many highly successful individuals display personality traits that might be considered narcissistic.



Only when these traits are inflexible, maladaptive, and persisting and cause significant functional impairment or subjective distress do they constitute narcissistic personality disorder.” Due to the high-functionality associated with narcissism, some people may not view it as an impairment in their lives. Although overconfidence tends to make individuals with NPD ambitious, it does not necessarily lead to success and high achievement professionally. These individuals may be unwilling to compete or may refuse to take any risks in order to avoid appearing like a failure. In addition, their inability to tolerate setbacks, disagreements or criticism, along with lack of empathy, make it difficult for such individuals to work cooperatively with others or to maintain long-term professional relationships with superiors and colleagues. Causes The causes of narcissistic personality disorder are unknown. Experts tend to apply a biopsychosocial model of causation, meaning that a combination of environmental, social, genetic and neurobiological factors are likely to play a role in formulating a narcissistic personality. Here I divert somewhat from Wikipedia, hence the brackets and different font. In the considerable research that I have done on NPD, the current theme regarding the likely causes of NPD point to the likelihood of something very traumatic happening to the child at some stage between the age of 0 and 5. This may be physical or sexual abuse, for example. It leaves the infant with emotions that are then arrested at that age, and so while the child continues to grow physically and intellectually, their emotions don’t - and so love, remorse, guilt, empathy and compassion fail to develop further. They way that I see it, which has helped me get my head around the counter-intuitive thinking to which I refer, is that, for whatever reason, the little person ceased being as a result of that traumatic event. The incident was so difficult then, and continues to be difficult, that the person shuts in out of their very psyche. What continues is something more android - it walks the same, it talks the same, it seems on the surface to act and be the same. But the computer programme driving it is just different. Limited by Artificial Intelligence that simply has not cracked the complex and very human aspects of emotions, it spectacularly fails to grasp the intricacies and nuances of human relationships that normal people enjoy. Moreover, the mission that is seemingly indelibly coded into the programme is one of selfishness, directing actions for the benefit of the android and android alone – without the self-sacrifice, the love and the kindness that drives us, nor the remorse or guilt that moderate us Genetic There is evidence that narcissistic personality disorder is heritable, and individuals are much more likely to develop NPD if they have a family history of the disorder.[15][16] Studies on the occurrence of personality disorders in twins determined that there is a moderate to high heritability for narcissistic personality disorder. However the specific genes and gene interactions that contribute to its cause, and how they may influence the developmental and physiological processes underlying this condition, have yet to be determined. Environment Environmental and social factors are also thought to have a significant influence on the onset of NPD. In some people, pathological narcissism may develop from an impaired attachment to their primary caregivers, usually their parents.[18] This can result in the child’s perception of himself/herself as unimportant and unconnected to others. The child typically comes to believe they have some personality defect that makes them unvalued and unwanted. Overindulgent, permissive parenting as well as insensitive, over-controlling parenting, are believed to be contributing factors. According to Leonard Gropman and Arnold Cooper, the following factors have been identified by various researchers as possible factors that promote the development of NPD. An oversensitive temperament (personality traits) at birth. Excessive admiration that is never balanced with realistic feedback. Excessive praise for good behaviors or excessive criticism for bad behaviors in childhood. Overindulgence and overvaluation by parents, other family members, or peers. Being praised for perceived exceptional looks or abilities by adults. Severe emotional abuse in childhood. Unpredictable or unreliable caregiving from parents. Learning manipulative behaviors from parents or peers. Valued by parents as a means to regulate their own self-esteem. Cultural elements are believed to influence the prevalence of NPD as well since NPD traits have been found to be more common in modern societies than in traditional ones. Subtypes While the DSM-5 regards narcissistic personality disorder as a homogeneous syndrome, there is evidence for variations in its expression. In a 2015 paper, two major presentations of narcissism are typically suggested, an “overt” or “grandiose” subtype, characterized by grandiosity, arrogance, and boldness, and a “covert” or “vulnerable” subtype characterized by defensiveness and hypersensitivity. Those with “narcissistic grandiosity” express behavior “through interpersonally exploitative acts, lack of empathy, intense envy, aggression, and exhibitionism.” Psychiatrist Glen Gabbard described the subtype, which he referred to as the “oblivious” subtype as being grandiose, arrogant, and thick-skinned. The subtype of “narcissistic vulnerability” entails (on a conscious level) “helplessness, emptiness, low self-esteem, and shame, which can be expressed in the behavior as being socially avoidant in situations where their self-presentation is not possible so they withdraw, or the approval they need/expect is not being met.” Gabbard described this subtype, which he referred to as the “hypervigilant” subtype as being easily hurt, oversensitive, and ashamed. In addition, a “high-functioning” presentation, where there is less impairment in the areas of life where those with a more severe expression of the disorder typically have difficulties in, is suggested. Theodore Millon suggested five subtypes of narcissism. However, there are few pure variants of any subtype, and the subtypes are not recognized in the DSM or ICD. Subtype Description Personality traits Unprincipled narcissist Including antisocial features. Deficient conscience; unscrupulous, amoral, disloyal, fraudulent, deceptive, arrogant, exploitive; a con artist and charlatan; dominating, contemptuous, vindictive. Amorous narcissist Including histrionic features. Sexually seductive, enticing, beguiling, tantalizing; glib and clever; disinclined to real intimacy; indulges hedonistic desires; bewitches and inveigles others; pathological lying and swindling. Tends to have many affairs, often with exotic partners. Compensatory narcissist Including negativistic and avoidant features Seeks to counteract or cancel out deep feelings of inferiority and lack of self-esteem; offsets deficits by creating illusions of being superior, exceptional, admirable, noteworthy; self-worth results from self-enhancement. Egoist narcissist Variant of pure pattern Feels privileged and empowered by virtue of special childhood status and pseudo-achievements; entitled façade bears little relation to reality; seeks favored and good life; is upwardly mobile; cultivates special status and advantages by association. Normal narcissist Absent of the traits of the other four Least severe and most interpersonally concerned and empathetic, still entitled and deficient in reciprocity; bold in environments, self-confident, competitive, seeks high targets, feels unique; talent in leadership positions; expecting of recognition from others. Possible additional categories not cited by the current theory of Millon might include: Subtype Description Personality traits Fanatic narcissist Including paranoid features Grandiose delusions are irrational and flimsy; pretentious, expensive supercilious contempt and arrogance toward others; lost pride reestablished with extravagant claims and fantasies. Reclassified under paranoid personality disorder. Hedonisticnarcissist Mix of Millon’s initial four subtypes Hedonistic and self-deceptive, avoidant of responsibility and blame, shifted onto others; idiosyncratic, often self-biographical, proud of minor quirks and achievements, conflict-averse and sensitive to rejection; procrastinative, self-undoing, avolitive, ruminantly introspective; the most prone to fantastic inner worlds which replace social life Malignant narcissist Including antisocial, sadistic and paranoid features. Fearless, guiltless, remorseless, calculating, ruthless, inhumane, callous, brutal, rancorous, aggressive, biting, merciless, vicious, cruel, spiteful; hateful and jealous; anticipates betrayal and seeks punishment; desires revenge; has been isolated, and is potentially suicidal or homicidal. Will Titshaw also suggested three subtypes of narcissistic personality disorder which are not officially recognized in any editions of the DSM or the ICD. Subtype Description Pure Narcissist Mainly just NPD characteristics.



Someone who has narcissistic features described in the DSM and ICD and lacks features from other personality disorders. Attention Narcissist Including histrionic (HPD) features. They display the traditional NPD characteristics described in the ICD & DSM along with histrionic features due to the fact that they think they are superior and therefore they should have everyone’s attention, and when they do not have everyone’s attention they go out of their way to capture the attention of as many people as possible. Beyond The Rules Narcissist Including antisocial (ASPD) features. This type of narcissist thinks that because they are so superior to everyone they do not have to follow the rules like most people and therefore show behavior included in the ICD for antisocial personality disorder and behavior, included in the DSM for antisocial personality disorder. Comorbidity NPD has a high rate of comorbidity with other mental disorders. Individuals with NPD are prone to bouts of depression, often meeting criteria for co-occurring depressive disorders. In addition, NPD is associated with bipolar disorder, anorexia, and substance use disorders, especially cocaine. As far as other personality disorders, NPD may be associated with histrionic, borderline, antisocial, and paranoid personality disorders. Treatment Narcissistic personality disorder is rarely the primary reason for people seeking mental health treatment. When people with NPD enter treatment, it is typically prompted by life difficulties or to seek relief from another disorder, such as major depressive disorder, substance use disorders, bipolar disorder, or eating disorders, or at the insistence of relatives and friends. This is partly because individuals with NPD generally have poor insight and fail to recognize their perception and behavior as inappropriate and problematic due to their very positive self-image. Psychotherapy Treatment for NPD is centered around psychotherapy. In the 1960s, Heinz Kohut and Otto Kernberg challenged the conventional wisdom of the time by outlining clinical strategies for using psychoanalytic psychotherapy with clients with NPD that they claimed were effective in treating the disorder. Contemporary treatment modalities commonly involve transference-focused, metacognitive, and schema-focused therapies. Some improvement might be observed through the treatment of symptoms related to comorbid disorders with psychopharmaceuticals, but as of 2016, according to Elsa Ronningstam, psychologist at Harvard Medical School, “Alliance building and engaging the patient’s sense of agency and reflective ability are essential for change in pathological narcissism only becomes a disorder when it impairs a person’s daily life, through their relationships, sense of self, occupation, or legal standing. Which mental disorders tend to co-occur with narcissistic personality disorder? Antisocial personality disorder, paranoid personality disorder, and substance use disorders tend to overlap more frequently and to help others for reasons other than their own personal gain. This is not so much to change their self-perception of their “entitlement” feeling but more to help them empathize with others. Another type of treatment would be temperament change.[31] Psychoanalytic psychotherapy may be effective in treating NPD, but therapists must recognize the patient’s traits and use caution in tearing down narcissistic defenses too quickly.[citation needed] Anger, rage, impulsivity, and impatience can be worked on with skill training. Therapy may not be effective because patients may receive feedback poorly and defensively. Anxiety disorders and somatoform dysfunctions are prevalent but the most common would be depression. Group Treatment Group treatment has its benefits as the effectiveness of receiving peer feedback rather than the clinician’s may be more accepted, but group therapy can also contradict itself as the patient may show “demandingness, egocentrism, social isolation and withdrawal, and socially deviant behavior”. Researchers originally thought group therapy among patients with NPD would fail because it was believed that group therapy required empathy that NPD patients lack. However, studies show group therapy does hold value for patients with NPD because it lets them explore boundaries, develop trust, increase self-awareness, and accept feedback. Relationship therapy stresses the importance of learning and applying four basic interpersonal skills: “...effective expression, empathy, discussion and problem solving/conflict resolution”. Marital/relationship therapy is most beneficial when both partners participate. No boundaries are set. Some research suggests that narcissistic traits begin to emerge around age 8, as children are developing their sense of self. However, the identity may still be forming, and displaying signs of narcissism in adolescence doesn’t necessarily signal the development of a personality disorder, according to the DSM-5. Treatment for narcissistic personality disorder can be challenging because people with this condition have a great deal of grandiosity and defensiveness, which makes it difficult for them to acknowledge problems and vulnerabilities. Even though change is difficult, it’s not impossible. A key is to find a therapist who is trained to work with patients who have narcissistic personality disorder. Therapy can help people with narcissistic personality disorder learn to relate to themselves and others in a more compassionate way. By exploring their experience, developing the therapeutic relationship, and continually focusing patients on relationships, community, and connection, narcissists can develop a healthier sense of self, and with it, healthier relationships with others.

These characteristics typically begin in early adulthood and must be consistently evident in multiple contexts, such as at work and in relationships. People with NPD often try to associate with other people they believe are unique or gifted in some way, which can enhance their own self-esteem. They tend to seek excessive admiration and attention and have difficulty tolerating criticism or defeat. Although NPD is a difficult disorder to treat, therapy can help those with the condition develop their sense of self and their relationships. NPD refers to the diagnosable mental disorder, while the term “narcissism” is a trait that ranges in degree from person to person. Individuals with narcissistic personality disorder, according to the DSM-5, exhibit five or more of the following, which are present by early adulthood and across contexts: A grandiose sense of self-importance Preoccupation with fantasies of unlimited success, power, brilliance, beauty, or ideal love Belief that one is special and can only be understood by or associate with special people or institutions A need for excessive admiration A sense of entitlement (to special treatment) Exploitation of others A lack of empathy Envy of others or the belief that one is the object of envy Arrogant, haughty behavior, or attitudes Individuals with NPD can be easily stung by criticism or defeat and may react with disdain or anger—but social withdrawal or the false appearance of humility may also follow according to the DSM-5. A sense of entitlement, disregard for other people, and other aspects of NPD can damage relationships. While a person with NPD may be a high-achiever, the personality disorder can also have a negative impact on performance (due to, for instance, one’s sensitivity to criticism). Researchers have reported associations between NPD and high rates of substance abuse, mood, and anxiety disorders. These may be attributable to characteristics such as impulsivity and the increased experience of shame in people with NPD. The presence of narcissistic traits in adolescence does not necessarily imply that a person will have NPD as an adult. At what point does narcissism become a disorder? The term “narcissist” has become culturally entrenched, and the label is sometimes overused. The trait occurs on a spectrum, and it’s healthy for people to have a small dose of narcissism—it provides confidence to forge relationships, explore life, and take risks. Narcissism only becomes a disorder when it impairs a person’s daily life, through their relationships, sense of self, occupation, or legal standing. Which mental disorders tend to co-occur with narcissistic personality disorder? Antisocial personality disorder, paranoid personality disorder, and substance use disorders tend to overlap more frequently with grandiose narcissism, while depression, anxiety, and self-harm tend to co-occur with vulnerable narcissism, research suggests. However, not everyone with narcissistic personality disorder has other conditions. article continues after advertisement Causes of narcissistic personality disorder are not yet well-understood, but biological and environmental factors both play a role. In addition to the genetic roots of the disorder, research suggests that early experiences—such as parenting styles and social and cultural environments—also influence the course of the disorder. For example, narcissism is higher among individualistic cultures than collective ones, and competitive environments like New York more than non-competitive environments like Iowa. In terms of parenting, focusing intensely on competition and success can breed narcissism, while warmth, affection, and expecting children to simply try their best can foster healthy development. How common is narcissistic personality disorder? The prevalence of narcissistic personality disorder is estimated to be between 1 and 5 percent, research suggests. The disorder manifests more frequently among men and among younger people. Has narcissism increased over time? There’s debate as to whether narcissism as a trait or disorder has increased over time. Some research suggests that the disorder has remained stable while the trait has risen, but cross-generational comparisons may not be reliable; technology, society, and social norms have all changed. On an individual level, research shows that people are generally more narcissistic when they’re younger—in adolescence and young adulthood—and that they become less narcissistic as they get older. When does narcissism develop? Some research suggests that narcissistic traits begin to emerge around age 8, as children are developing their sense of self. However, the identity may still be forming, and displaying signs of narcissism in adolescence doesn’t necessarily signal the development of a personality disorder, according to the DSM-5. Treatment for narcissistic personality disorder can be challenging because people with this condition have a great deal of grandiosity and defensiveness, which makes it difficult for them to acknowledge problems and vulnerabilities. Even though change is difficult, it’s not impossible. A key is to find a therapist who is trained to work with patients who have narcissistic personality disorder. Therapy can help people with narcissistic personality disorder learn to relate to themselves and others in a more compassionate way. By exploring their experience, developing the therapeutic relationship, and continually focusing patients on relationships, community, and connection, narcissists can develop a healthier sense of self, and with it, healthier relationships with others.

