

Dimensional Conceptualization and Diagnosis of NPD

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No Conflicts of Interest

Objectives

- 1) outline the DSM-5 Section III hybrid dimensional and trait focused diagnosis for narcissistic personality disorder;
- 2) identify the range of narcissistic personality functioning with fluctuating self-esteem and co-occurrence of both self-enhancing grandiosity and self-depleting vulnerability;
- 3) discuss empathic capability and compromised functioning

Case Vignette

A young man, Bob 21 years old, dropped out of college and was hospitalized with a range of problems:

At the initial evaluation the clinician noticed general anxiety, obsessive compulsive preoccupation, racing thoughts, social anxiety, avoidance, and suicidality.

Family members and friends portrayed Bob as inconsiderate, demanding and demeaning with threatening and verbally aggressive behavior, and involved in poly substance abuse.

Bob described himself as struggling with internal agony caused by his inconsistent cognitive intellectual functioning, and feeling overwhelmed by insecurity and internal self-criticism. He often felt frustrated with other people; he found them stupid, unpredictable and difficult to understand. In addition, he had been isolating and engaged in internet sex-dating where he felt safer and more in control compared to if he tried to meet somebody at bars and parties.

Case vignette continue.....

Bob also described the week before being hospitalized;

On Friday he met with his professor and began outlining a project for a paper. He thought the meeting went well as he perceived that his ideas were well understood and appreciated by his professor, and he left feeling motivated and competent.

On Sunday he spoke in front of 10.000 people at a big sports event at his college. Apparently he did a good job, both according to his own assessment and based on the others' enthusiastic feedback. With a smile he admitted that he felt he could become a future president of the US.

On Tuesday he found himself unable to speak in front of his class of 8 peer students. It was his turn to present the outline of his project, and just before the class began he experienced sudden anxiety with difficulties holding on to logical thinking and reasoning. When he was about to begin he experienced a total cognitive blockage and had to leave the room.

A day later he saw no future for himself and struggled with excruciating self-reproach and intense suicidal ideations and impulses. He anticipated critical and "stupid" comments from his peers and feared the anticipation of exposing himself to something he could not control. Most of all, he felt unable to rely upon his own competence and dreaded a sudden loss his ability to think and speak.

Case vignette continue

Bob was highly intelligent, with an IQ in the range between 140 and 150. Some even considered him to be a genius, although he himself did not believe that, but he appreciated the admiration and acknowledgement.

He was a competitive swimmer and leader of his swim team, and had encountered no problems with either swimming or team leadership. He had overall done well in college, especially on exams, and received high grades despite some inconsistencies. His professional aspirations and plan was to become a lawyer like his grand-father.

He met 8 out of the 9 DSM IV criteria for NPD (not #6, interpersonal exploitive) according to the Diagnostic Interview for DSM IV Personality Disorders, DIPD-IV, (Zanarini et al 1996).

Case vignette end.

*After having presented this rather diverse set of experiences Bob said to the therapist:
“I cannot trust my faculties, I do not know from one day to another whether I can rely on my thinking and reasoning, access my knowledge, communicate and perform. I struggle inside myself with dreadful self-scolding, constantly comparing and criticizing myself. I am a perfectionist, and I know that I can be very good, even exceptional. I have been considered a genius, but it does not hold up. I can’t tolerate closer contact with people. I get so angry and frustrated at them. I can see that I may be unfair, at times..., but I just can’t stand it. It works much better when I am in charge or if there is a distance to other people, like if I have a large audience. I feel extremely afraid of the future and ashamed of having to be in treatment. Some days I really doubt that anything can change or that I can get help, other days I can feel more optimistic”*

NPD in DSM 5 Section II - the Trait Model



- 1 Grandiose sense of self-importance
- 2 Fantasies of unlimited success, power, etc.
- 3 Believes being special and unique
- 4 Requires excessive admiration
- 5 Sense of entitlement
- 6 Interpersonally exploitive
- 7 Lack of empathy
- 8 Envious of others
- 9 Arrogant, haughty behavior or attitude

Shortcomings in trait focused NPD diagnosis

Insufficient conceptualizations of NPD/narcissism
not including:

- nature of narcissism: from normal and healthy to pathological and malignant
- phenotypes of pathological narcissism: grandiose and vulnerable
- expressions of pathological narcissism: overt/external/interpersonal and covert/internal/subjective
- self-regulatory fluctuations in identity and self-esteem, emotions, empathy and interpersonal relations

Major dimensions in pathological narcissism and NPD



- Healthy narcissism – pathological narcissism
- High level of function – low level of function
disabled, antisocial/psychopath
- Functional stability – functional fluctuations
- Enhanced /grandiose – devalued /vulnerable
co-existing with both overt and covert expressions
- Confident/assertive – insecure/ inadequate
difference between external presentation and internal experiences

Pincus, Lukowitsky 2010; Russ, Shedler, Bradley, Westen. 2008; Horowitz 2009;
Vater, Ritter, Strunz, Ronningstam, Renneberg, Röpke, 2014; Pincus Cain, Wright 2014

NPD in DSM 5, Section III – The alternative Hybrid Model - Dimensions #1

A. Moderate to greater impairment in personality functioning manifest by characteristic difficulties in two or more of the following four areas

1. Identity:

Excessive reference to others for self-definition and self-esteem regulation;
exaggerated self-appraisal may be inflated or deflated, or vacillate between extremes;
emotional regulation mirrors fluctuations in self-esteem.

2. Self-direction:

Goal-setting is based on gaining approval from others;
personal standards are unreasonably high in order to see oneself as exceptional, or too low based on a sense of entitlement; often unaware of own motivations.

NPD in DSM 5, Section III – The alternative Hybrid Model - Dimensions #2

3. **Empathy:**

Impaired ability to recognize or identify with the feelings and needs of others;
excessively attuned to reactions of others, but only if perceived as relevant to self;
over-or underestimate of own effect on others.

4. **Intimacy:**

Relationships largely superficial and exist to serve self-esteem regulation;
mutuality constrained by little genuine interest in others' experiences and predominance of a need for personal gain.

NPD in DSM 5, Section III – The alternative Hybrid Model - Traits

B. Both of the following pathological personality traits:

1. **Grandiosity** (an aspect of Antagonism): Feelings of entitlement, either overt or covert; self-centeredness; firmly holding to the belief that one is better than others; condescending toward others.
2. **Attention seeking** (an aspect of Antagonism): Excessive attempts to attract and be the focus of the attention of others; admiration seeking.

Advantages with DSM 5 Section III for NPD #1

- Incorporates conceptualizations and research on narcissism and self-esteem regulation, perfectionism, empathic functioning and emotion regulation
- Captures a broader range of narcissistic personality functioning, including the fluctuations and variability and its phenotypic and clinical presentation
- Applies a language that is more diagnostically meaningful and informative, and less one-sided, judgmental and derogatory

Advantages with DSM 5 Section III for NPD #2

- Self-direction => self-agency, competence, decision making, sense of control (internal, external)
- Interpersonal relationships => influenced by self-regulatory patterns, emotions, empathic capability and self-esteem/self-enhancement
- Empathy => a capability with impairment and fluctuations (NOT a lack of empathy)

Diagnostic benefits

Dimensional self-regulatory conceptualization of pathological narcissism can help to:

- 1) identify the patient's fluctuating self-esteem and the co-occurrence of both self-enhancing grandiosity and self-depleting vulnerability
- 2) differentiate temporary fluctuating or externally provoked features and patterns from enduring indications of pathological narcissism
- 3) recognize narcissistic individuals' internal suffering related to insecurity, self-criticism, anxiety, shame, and fear and differentiate from external often domineering or provocative surface presentation

Self-esteem regulation in NPD: DSM 5 section III #1

Identity:

- excessive reference to others for self-definition and self-esteem regulation;
- exaggerated self-appraisal may be inflated or deflated, or vacillate between extremes;
- emotional regulation mirrors fluctuations in self-esteem.

Self-esteem regulation in NPD: DSM 5 section III #2

Self-direction:

- goal-setting is based on gaining approval from others;
- personal standards are unreasonably high in order to see oneself as exceptional, or too low based on a sense of entitlement

Self-esteem regulation in NPD: DSM 5 section III #3

Intimacy

- relationships largely superficial and exist to serve self-esteem regulation;
- mutuality constrained by little genuine interest in others' experiences and predominance of a need for personal gain.

Sum up:

NPD and self-esteem in DSM 5

Self-esteem regulation

- include both enhancement and depreciation (grandiosity and inferiority) and fluctuations in between
- other-oriented/gain and approval
- self-focused /standards and assessment
- affected by emotion regulation

Self-esteem traits

- self-centeredness, self-enhancement (grandiosity, uniqueness etc)
- entitlement, admiration seeking, condescending

Empathy

A trait or dimension in NPD



in DSM-IV-TR and DSM 5, Section II

- Lack of empathy

in DSM 5, Alternative Section III

- Impaired ability to recognize or identify with the feelings and needs of others; excessively attuned to reactions of others, but only if perceived as relevant to self; over- or underestimate of own effect on others.

Conclusions from empirical studies on empathic functioning in NPD

- Evidence for **compromised** empathic functioning, but not an inability or its absence , in people with pathological narcissism and NPD.
- Research suggests:
 - a) neural deficiency in emotional empathy,
 - b) motivational and self-regulatory based fluctuations (engagement/disengagement) in cognitive empathic functioning
 - c) tendency to overestimate own emotional empathic capability.
 - d) difficulties accessing own and others' emotions and simulating others' affective states
 - e) shift from inter to intra-subjective relationship and increased focus on self

Compromised empathic functioning in narcissistic personality disorder, NPD

Can be caused by absence of motivation or by deficits in cognitive functioning or emotion regulation

The person can be able to see and understand others' reactions but be *unable* or *unwilling* (either or both) to respond

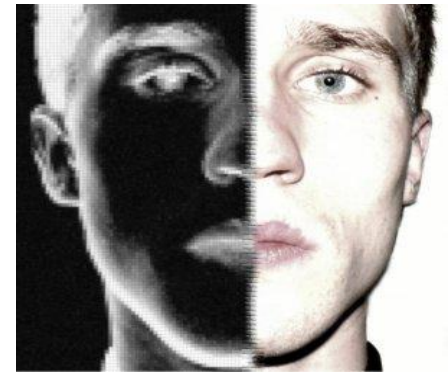
The perception of others' feeling states can evoke overwhelming powerlessness, disgust, shame or loss of internal control that trigger strong aggressive reactions or emotional or physical withdrawal.

Other's empathy towards self can be experienced as a dangerous intrusion

The narcissistic patient may or may not be aware of such a deficit

Ronningstam 2009; Tangney 1995; Glasser 1992 ;
Baskin-Somers, Krusemark, Ronningstam, 2014

Clinical observations of empathy in patients with NPD



- *oscillation* between susceptible awareness with sometimes intense negative reactivity (pain, intolerance, irritability), which can co-exist with obliviousness or ignorance.
- notable interpersonal *fluctuations* altering between self-motivated and skillful self-promoting engagement, aggressive rejections, and emotional coldness or dismissive avoidance.
- surprising *capability and accuracy* in reported self-awareness, as well as in their more distant perceptions and descriptions of own and others' emotional states and reactions.

Both *motivational* fluctuations (engagement/disengagement) as well as interactions and fluctuations between *competence and deficits* in empathic processing are actively influencing the patients' interactions.

Factors impacting on empathic capability and functional pattern

- a) high degree of *self-centeredness* and focus on *self-enhancing* and *self-serving* interpersonal strivings.
- b) *emotion* dysregulation, i.e. *insensitivity* or *impaired ability* to appraise certain emotions in others, such as despair, sadness, grief, joy, happiness; or *difficulties in tolerating, modulating* and *processing* certain own emotions triggered by the perception of others' experiences or emotions, such as strong negative feelings of contempt, shame, rage or envy.
- c) *self-esteem* dysregulation where the perception of others' experiences evoke self-promoting or self-enhancing strivings, or alternatively, feelings of inferiority, or powerlessness;
- d) *superego* dysregulation with compromised ability for care and concern, exploitative efforts, disregard for the possessions and well-being of other people, or deceitfulness.

Compromised empathic functioning in patients with NPD #1

Can cause:

- recurrent interpersonal failures or conflicts;
- fluctuating or consistently low self-esteem;
- underlying insecurity

The narcissistic individual, ready to blame others, may or may not be aware of such deficits.

Ronningstam, 2009

Compromised empathic functioning in patients with NPD #2

Empathic impairment can:

- threaten or even cause a loss of the individual's sense of internal control.

The perception of others' feeling states can evoke overwhelming powerlessness, disgust, shame or loss of internal control that trigger strong aggressive reactions or emotional or physical withdrawal.

- be expressed in a tendency to selflessly merge and “tune in to the other” to perfect an empathic effort.

Stability and fluctuations in NPD.

Factors contributing to stability in NPD

- Theory of mind
- Cognitive empathic ability
- Dismissive and avoidant attachment
- Interpersonally critical, devaluing, contemptuous attitude
- Motivational need for admiration /personal gain

Factors contributing to fluctuations in NPD

- Emotion dysregulation
- Compromised emotional empathic capability
(identifying, tolerating, verbalizing, communicating feelings)
- Anxious /preoccupied attachment
- Motivational oscillations

Diamond, Meehan 2013; Baskin-Sommers, Krusemark, Ronningstam 2014;

Stable narcissistic self-esteem dys-regulation



Competence and strategies to enhance or sustain self-esteem and protect fragility include:

skillful vocational, interpersonal and/or social engagement to ensure self-sufficiency and control, gains, attention, approval, or success.

Underlying fragility – when unfolded can lead to increased pathological narcissism, functional collapse, depression or suicide

Fluctuating narcissistic self-esteem dys-regulation



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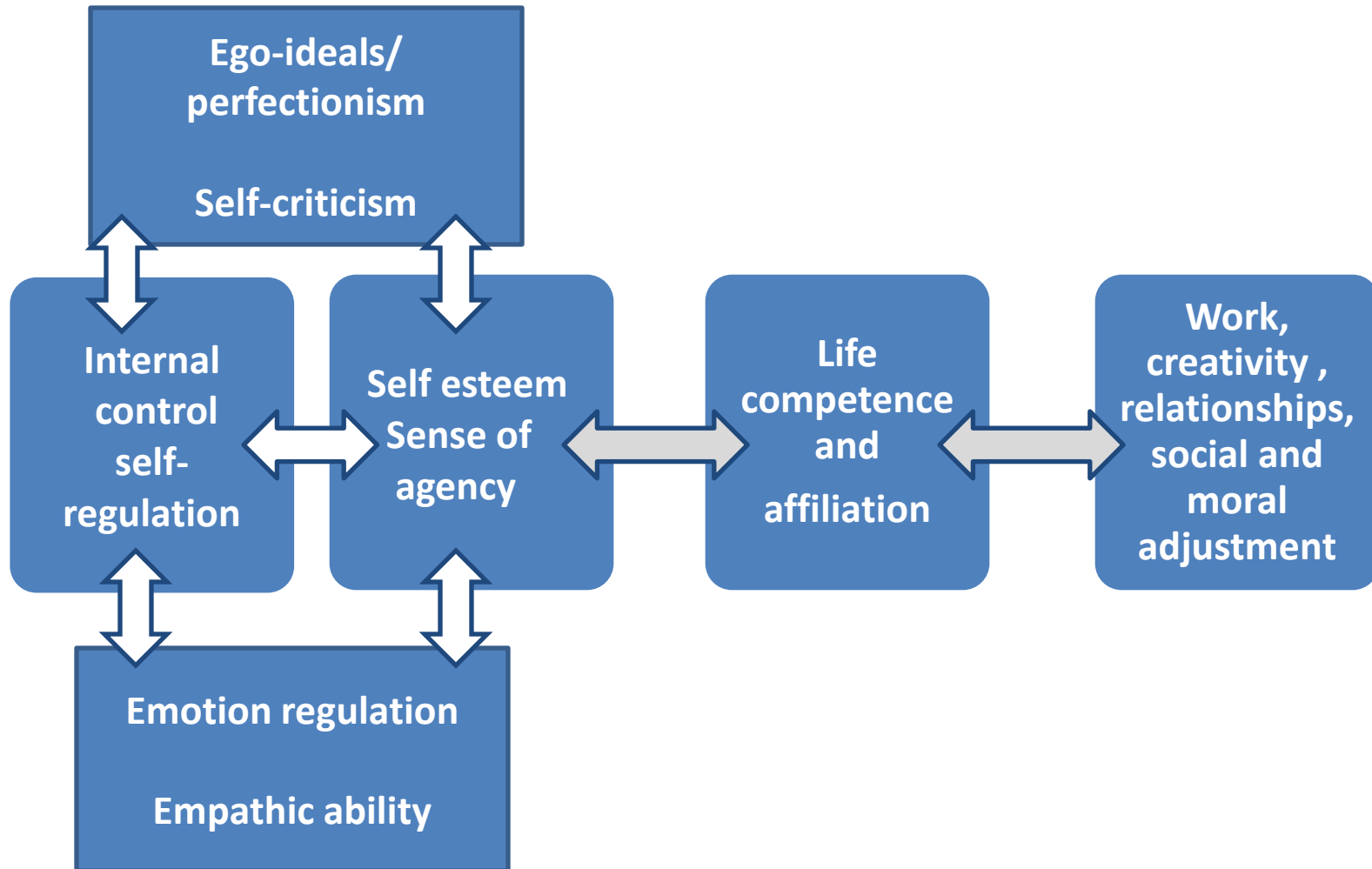
Competence and sustaining/enhancing strategies less consistent and alternating with more or less intense experiences of fragility/ reactivity and insecurity

emotional dysregulation

interpersonal/social dysfunction

compromised sense of agency and skillfulness

A Regulatory Model for Narcissistic Personality Functioning



Stability and fluctuations in NPD – Conclusions

- Co-existence of vulnerability and grandiosity in NPD can explain paradoxical instability of narcissistic behavior patterns
- Due to meta-cognitive deficits and low self-regulatory abilities, people with NPD are unable to resolve the contraction between grandiose ideal self-presentations and underlying vulnerability.
- Underlying (not necessarily conscious) insecurity guides the perception of social cues and, in response, triggers self-serving internal and interpersonal strategies.

For example, when grandiose ideals are threatened by negative social feedback, people with NPD engage in defensive behavior strategies in order to defend the vulnerable self.

A dimensional approach to identifying NPD

Treatment implications

Attend to:

- the individual range of narcissistic self-esteem regulation including areas or moments of healthy, enhanced, vulnerable, brittle as well as (when applicable) malignant/psychopathic and destructive functioning
- the organizing and protective role of pathological narcissistic functioning i.e., self-enhancement, excessive perfectionism, aggressive reactivity, variable emphatic engagement, etc
- specific contexts and experiences that cause regulatory fluctuations, vulnerability and threats to self-esteem or sudden loss of agency

Sum up

Patients with NPD can

- be consistently high functioning, vocationally successful, and/or socially adjusted and connected.
- develop relationships and life contexts that support sense of agency and capability, and protect their underlying vulnerability.
- experience changes in life or face actual circumstances that may lead to a sudden unfolding fragility with immediate or gradual impairment and aggravation of pathological narcissistic patterns and features.
- present with fluctuating personality functioning ranging from self-enhancement and assertiveness to inferiority and insecurity and with more or less severely disabling narcissistic character patterns and long-term impairments.

Functional fluctuations can be dependent on
interpersonal, as well as social, vocational, or general life contexts.
underlying narcissistic trauma;
malignant, psychopathic, or antisocial traits;
comorbid mental disorders (mood disorder, substance use disorder, PTSD)

Phenotypic presentation range from : charming and friendly, competent and assertive;
shy and timid, intrusive and controlling; domineering and competitive, aggressive and manipulative.

END