




DIAGNOSTIC CRITERIA FOR NARCISSISTIC PERSONALITY DISORDER (NPD)

CRITÉRIOS DIAGNÓSTICOS PARA O TRANSTORNO DE PERSONALIDADE NARCISISTA (TPN)

CRITERIOS DIAGNÓSTICOS PARA EL TRASTORNO DE la personalidad narcisista (TPN)

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ABSTRACT

Introduction: Narcissistic Personality Disorder (NPD) is a chronic mental condition characterized by a persistent pattern of grandiosity, need for admiration, and lack of empathy. It belongs to “Cluster B” (dramatic, emotional, or erratic group) of personality disorders. The pathophysiology of NPD is associated with high levels of alexithymia and reduced deactivation of the right anterior insula, as well as differences in gray matter volume involving prefrontal and insular regions.

Methodology: This study is a narrative literature review, designed to synthesize contemporary scientific evidence on the diagnostic criteria of Narcissistic Personality Disorder. The sample included publications from 2021 to 2025, available in full in English or Portuguese. Exclusion criteria were applied to remove studies lacking diagnostic relevance, duplicate publications, and reviews with low methodological rigor.

Results and Discussion: Based on the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision (DSM-5-TR), NPD is categorized within Cluster B personality disorders, defined by patterns of dramatic, emotional, or unpredictable behavior. In contrast, the International Classification of Diseases, 11th Revision (ICD-11) introduced a fundamental change by abandoning categorical classification and adopting a dimensional model, in which personality disorder is considered a single type but composed of pathological traits that may manifest at varying levels of severity. Furthermore, diagnosis is often challenged by overlap with other Cluster B disorders, especially Borderline Personality Disorder.

Conclusion: The diagnosis of NPD should be conducted from a multidimensional and longitudinal perspective, integrating categorical criteria, dimensional models, and clinical observation of interpersonal functioning over time. This approach allows for greater

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diagnostic accuracy and contributes to the development of more individualized therapeutic strategies, thereby promoting more effective clinical interventions in the management of this condition.

Keywords: Narcissistic Personality Disorder. Narcissistic Spectrum Disorder. Diagnosis.

RESUMO

Introdução: O Transtorno de Personalidade Narcisista (TPN) é uma condição mental crônica caracterizada por um padrão persistente de grandiosidade, necessidade de admiração e carência de empatia. Integrante do "Cluster B" (grupo dramático, emocional ou errático) dos transtornos de personalidade. A fisiopatologia da TPN está relacionada com altos graus de alexitimia e diminuição da desativação da ínsula anterior direita, além de diferenças no volume da substância cinzenta envolvendo regiões pré-frontal e insulares.

Metodologia: O estudo trata-se de uma revisão bibliográfica narrativa, estruturada com o objetivo de sintetizar as evidências científicas contemporâneas sobre os critérios diagnósticos do Transtorno de Personalidade Narcisista. A amostra contemplou publicações do período de 2021-2025, disponíveis integralmente nos idiomas inglês ou português. Por fim, adicionou-se critérios de exclusão para remover estudos sem aderência diagnóstica, publicações duplicadas e revisões de baixo rigor metodológico.

Resultados e Discussão: Com base no Manual Diagnóstico e Estatístico de Transtornos Mentais, Quinta edição, Revisão de texto (DSM-5-TR), o TPN é categorizado pelos transtornos de personalidade do agrupamento B, que é definido por padrões de conduta dramáticos, emotivos ou imprevisíveis. Em oposição, a Classificação Internacional de Doenças, 11ª Revisão (CID-11), implementou uma alteração fundamental ao deixar de lado a classificação categórica e adotar um modelo dimensional, o qual é um tipo único, mas como um conjunto de características patológicas que podem se manifestar em vários graus de severidade da disfunção de personalidade. Ademais, é frequentemente desafiado pela sobreposição com outros transtornos do Cluster B, especialmente o Transtorno de Personalidade Borderline.

Conclusão: Compreende-se que o diagnóstico do TPN deve ser conduzido a partir de uma perspectiva multidimensional e longitudinal, integrando critérios categóricos, modelos dimensionais e observação clínica do funcionamento interpessoal ao longo do tempo. A abordagem supracitada possibilita maior acurácia diagnóstica, além de contribuir para o desenvolvimento de estratégias terapêuticas mais individualizadas, favorecendo assim intervenções clínicas mais eficazes no manejo dessa condição.

Palavras-chave: Transtorno de Personalidade Narcisista. Transtorno do Espectro Narcisista. Diagnóstico.

RESUMEN

Introducción: El Trastorno de la Personalidad Narcisista (TPN) es una condición mental crónica caracterizada por un patrón persistente de grandiosidad, necesidad de admiración y falta de empatía. Forma parte del "Cluster B" (grupo dramático, emocional o errático) de los trastornos de la personalidad. La fisiopatología del TPN se relaciona con altos niveles de alexitimia y una disminución de la desactivación de la ínsula anterior



derecha, además de diferencias en el volumen de la sustancia gris que involucran regiones prefrontales e insulares.

Metodología: El estudio consiste en una revisión bibliográfica narrativa, estructurada con el objetivo de sintetizar la evidencia científica contemporánea sobre los criterios diagnósticos del Trastorno de la Personalidad Narcisista. La muestra incluyó publicaciones del período 2021-2025, disponibles en su totalidad en inglés o portugués. Se aplicaron criterios de exclusión para eliminar estudios sin relevancia diagnóstica, publicaciones duplicadas y revisiones con bajo rigor metodológico.

Resultados y Discusión: Con base en el Manual Diagnóstico y Estadístico de los Trastornos Mentales, Quinta edición, Revisión de texto (DSM-5-TR), el TPN se clasifica dentro de los trastornos de la personalidad del Cluster B, definidos por patrones de conducta dramáticos, emocionales o impredecibles. En contraste, la Clasificación Internacional de Enfermedades, 11.^a Revisión (CIE-11) introdujo un cambio fundamental al abandonar la clasificación categórica y adoptar un modelo dimensional, en el cual el trastorno de la personalidad se considera un tipo único compuesto por rasgos patológicos que pueden manifestarse en distintos grados de severidad. Además, el diagnóstico suele verse desafiado por la superposición con otros trastornos del Cluster B, especialmente el Trastorno Límite de la Personalidad.

Conclusión: Se comprende que el diagnóstico del TPN debe realizarse desde una perspectiva multidimensional y longitudinal, integrando criterios categóricos, modelos dimensionales y la observación clínica del funcionamiento interpersonal a lo largo del tiempo. Este enfoque permite una mayor precisión diagnóstica y contribuye al desarrollo de estrategias terapéuticas más individualizadas, favoreciendo así intervenciones clínicas más eficaces en el manejo de esta condición.

Palabras clave: Trastorno de la Personalidad Narcisista. Trastorno del Espectro Narcisista. Diagnóstico.



1 INTRODUCTION

Narcissistic Personality Disorder (NPD) is a chronic mental condition characterized by a persistent pattern of grandiosity, a need for admiration, and a lack of empathy. Part of the "Cluster B" (dramatic, emotional, or erratic group) of personality disorders, NPD manifests in early adulthood and permeates various contexts of the individual's life (Mitra et al., 2024; Fariba et al., 2025). Historically, the perception of narcissism has evolved from an isolated personality trait to a complex pathology that causes significant impairment in the interpersonal and occupational spheres (Mitra et al., 2024).

Research on Narcissistic Personality Disorder (NPD) plays a central role in current discussions regarding psychopathology, since it integrates descriptive and psychodynamic aspects in the same clinical syndrome. Throughout history, its definition has oscillated between the categorical models of operationalized psychiatry and the constructs developed by the psychology of the self and object relations (Ronningstam, 2016). With the publication of the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision (DSM-5-TR) and the International Classification of Diseases, 11th Revision (ICD-11), a movement of integration between the phenomenological description and the dimensional assessment of severity and pathological traits is established (American Psychiatric Association, 2023; World Health Organization, 2022).

The modern understanding of NPD has expanded to the concept of the "narcissistic spectrum," recognizing that the clinical presentation can range between phenotypes of overt grandiosity (exhibitionist narcissism) and hidden vulnerability (hypovigilant narcissism or "covert") (Weinberg & Ronningstam, 2022). While grandiosity is marked by arrogance and interpersonal exploitation, vulnerability manifests itself through extreme hypersensitivity to criticism and low self-esteem masked by fantasies of success (Weinberg & Ronningstam, 2022; Broglia et al., 2023). Faced with this duality, accurate diagnosis becomes a challenge, requiring the clinician to integrate traditional categorical criteria with a dimensional view of pathology (Weinberg & Ronningstam, 2022).

One of the striking characteristics of pathological narcissism is empathy, in which people describe themselves as superior to others, but, at the same time, need to manipulate someone to obtain attention and admiration, it is a disorder that seeks a strong social affirmation. The NPD is a multifactorial construct, with aspects such as a sense of worthiness, extravagance, exhibitionism, self-sufficiency, vanity, and authority (Di



Giacomo et al., 2023). In addition, it can cause social and occupational impairments and can cause complications that come from other psychiatric or substance use disorders (Mitra et al., 2024).

Etiologically, based on genetic studies, narcissism is highly hereditary. Psychoanalytic analyses also contribute to the development of personality traits and disorders, which are a sum of biological, psychological, social, and developmental factors, which help the individual adapt to dealing with internal and external factors that are constantly changing (Mitra et al., 2024).

The pathophysiology is related to individuals who have high degrees of alexithymia and decreased deactivation of the right anterior insula when they are in cases that need to use empathy, which suggests altered neural responses to emotional stimuli in people with NPD. In addition, differences in gray matter volume involving prefrontal and insular regions in narcissistic disorder have been identified (Elleuch, 2024), regions that are associated with empathy processing, compassion, cognition, and emotional regulation (Mitra et al., 2024).

Some authors distinguish NPD into grandiose and vulnerable narcissism, with grandiose narcissists having impulsiveness in decision-making, which leads to abrupt and aggressive behaviors (Elleuch, 2024). Narcissistic vulnerability, on the other hand, brings together traits of a vulnerable state, in which there is a hypersensitivity to criticism and failure, with feelings of shame and guilt (Broglia et al., 2023).

2 METHODOLOGY

The present study is a narrative literature review, structured with the objective of synthesizing contemporary scientific evidence on the diagnostic criteria of Narcissistic Personality Disorder. Data collection was carried out by prospecting the PubMed database and clinical guidelines (DSM-5-TR), using the descriptors "Narcissistic Personality Disorder", "Narcissistic Spectrum Disorder" and "Diagnosis", integrated according to the terminology of the Medical Subject Headings (MeSH). The sample included publications between 2021 and 2025, available in full in English or Portuguese. Exclusion criteria were applied to remove studies without diagnostic adherence, duplicate publications, and reviews with low methodological rigor. The curatorial process involved the screening of titles and abstracts, followed by the analytical reading of the full texts to



validate their scientific relevance. The information extracted was organized and presented in a descriptive way.

The present study is a bibliographic review of a narrative nature, elaborated with the objective of synthesizing contemporary scientific evidence about the diagnostic criteria of Narcissistic Personality Disorder. Data collection was carried out by prospecting the PubMed database and clinical guidelines, notably the DSM-5-TR, using the descriptors "Narcissistic Personality Disorder", "Narcissistic Spectrum Disorder" and "Diagnosis", integrated according to the terminology of Medical Subject Headings (MeSH). The sample included publications in the period from 2021 to 2025, available in full in English or Portuguese. The exclusion criteria were: studies that were not relevant to the diagnostic criteria, duplicate publications, and reviews with low methodological rigor. The curatorial process involved the initial screening by titles and abstracts, followed by the analytical reading of the full texts to validate the scientific relevance. Finally, the information extracted was organized and presented in a descriptive way.

3 RESULTS

In the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Proofreading (DSM-5-TR) classification, Narcissistic Personality Disorder (NPD) is categorized by group B personality disorders, which is defined by dramatic, emotional, or unpredictable patterns of conduct. In contrast, the International Classification of Diseases, 11th Revision (ICD-11), implemented a fundamental change by moving away from categorical classification and adopting a dimensional model. In this model, NPD is not seen as a single type, but as a set of pathological features that can manifest in varying degrees of severity of personality dysfunction. (American Psychiatric Association, 2023; World Health Organization, 2022).

The diagnostic criteria for NPD, established by the DSM-5-TR, call for a global standard of grandiosity, need for admiration, and lack of empathy, manifested by at least five of the following:

1. Feeling of grandiosity about one's own importance (e.g., exaggerating achievements and talents).
2. Preoccupation with fantasies of unlimited success, power, brilliance, beauty, or ideal love.



3. Belief of being "special" and unique, and should associate only with other special people or institutions.
4. Excessive demand for admiration.
5. Feeling of "entitlement" (unreasonable expectations of favorable treatment).
6. Interpersonal exploitation (taking advantage of others to achieve one's own ends).
7. Lack of empathy (unwillingness to recognize other people's feelings).
8. Frequent envy of others or belief that others envy you.
9. Arrogant and insolent behaviors or attitudes (Mitra et al., 2024; Fariba et al., 2025).

The ICD-11 approach constitutes a considerable advance, being in line with empirical evidence indicating that personality disorders are best understood through a continuum of severity and characteristic, rather than mutually exclusive categories. (World Health Organization, 2022).

In the ICD-11, the diagnosis is based on disorders in the functioning of the self, encompassing, for example, diffuse identity, instability of objectives and impairment of agency, as well as disorders in interpersonal functioning, characterized by the inability to develop and maintain intimate and reciprocal relationships. The severity is classified as Mild, Moderate, or Severe Personality Disorder. (World Health Organization, 2022).

To capture the phenomenological expression of the TPN, the ICD-11 uses Trait Domain Specifiers. The most relevant to the narcissistic spectrum include:

- Distrust: It is not a central characteristic of classic NPD, but it can arise in contexts of vulnerability.
- Dissociality: Refers to disregard for social norms and lack of empathy, aligning with the exploratory aspect of NPD.
- Anancastic: It can overlap in cases of narcissism aimed at perfection and control.
- Detachment: Associated with emotional detachment and affective coldness. (World Health Organization, 2022).

The literature highlights that the "lack of empathy" is not a total absence, but a specific dysfunction. Studies indicate that individuals with NPD have the capacity for "cognitive empathy" (understanding what the other feels), but have severe deficits in "affective empathy" (feeling compassion or emotional resonance), which facilitates manipulative behaviors (di Giacomo et al., 2023).

Additionally, the results point to the importance of the DSM-5 Alternative Model for Personality Disorders (AMPD). This model focuses on impairments in personality



functioning (Identity and Self-Direction) and pathological traits (Antagonism), allowing us to capture the vulnerable phenotype that often does not meet the classic criteria of explicit grandiosity (Weinberg & Ronningstam, 2022). In adults without intellectual disabilities, narcissistic vulnerability traits may overlap with characteristics of the Autism Spectrum (ASD), such as difficulty in social reciprocity, making the differential diagnosis a critical stage of the assessment (Broglia et al., 2023).

4 DISCUSSION

The discussion about the diagnosis of NPD reveals a tension between the categorical model (yes/no) and the clinical reality of the narcissistic spectrum. The traditional DSM-5 tends to overestimate the "grandiose" type, neglecting the clinical distress of the "vulnerable" narcissist, who has high levels of anxiety and depression (Weinberg & Ronningstam, 2022). The inclusion of markers of unstable self-esteem and emotional regulation is suggested by several authors as essential for a complete assessment (Mitra et al., 2024). Unlike the categorical approach, the ICD-11 adopts a dimensional model for all personality disorders. The diagnosis is based on impairments in the functioning of the self (identity, self-direction) and interpersonal (empathy, intimacy), classified as mild, moderate, or severe (World Health Organization, 2022). This framework captures the heterogeneity of pathological narcissism without isolating it as a distinct category.

Another fundamental aspect refers to the reinterpretation of the empathic deficit in Narcissistic Personality Disorder. Traditionally described as an absence of empathy, recent studies suggest that commitment is more specific, primarily involving affective empathy, while cognitive empathy may remain relatively preserved (di Giacomo et al., 2023).

The intersection with other Cluster B disorders, such as Borderline Personality Disorder (BPD), is also relevant. While BPD is marked by instability and fear of abandonment, NPD focuses on preserving an inflated self-image (Chapman et al., 2025; Mitra et al., 2024). However, comorbidity is common, and the presence of narcissistic traits in borderline patients often worsens the prognosis and therapeutic alliance (Chapman et al., 2025).

The diagnosis of NPD is often challenged by overlap with other Cluster B disorders, especially Borderline Personality Disorder. Although they share characteristics such as



emotional instability and interpersonal impairments, they are distinguished by their psychopathological core: in NPD, the maintenance of an inflated self-image predominates, while in BPD there is a pattern of identity instability and intense fear of abandonment (Chapman et al., 2025; Mitra et al., 2024).

ICD-11 also introduces trait domain specifiers, including dissociation (disregard for norms and lack of empathy) and detachment (emotional coldness). A key breakthrough is the differentiation between grandiose and vulnerable narcissism, both of which are characterized by impaired identity and attachment. Grandiose narcissism manifests as arrogance and status-seeking, while vulnerable narcissism involves chronic shame and hypersensitivity to others' evaluations, as described by Ronningstam (2016, p. 78-82).

Finally, the understanding of empathy discussed by di Giacomo et al. (2023) changes the way the diagnosis is communicated: the narcissist is not necessarily "blind" to the feelings of others, but rather unable or unmotivated to validate these emotions when they conflict with their self-importance. It is concluded that the diagnosis of NPD should be multidisciplinary, prioritizing the long-term observation of interpersonal functioning and the use of dimensional models that contemplate the oscillations between grandiosity and vulnerability (Weinberg & Ronningstam, 2022; Mitra et al., 2024).

5 CONCLUSION

Narcissistic Personality Disorder is a complex psychopathological condition, characterized by persistent alterations in the functioning of the self and in interpersonal relationships. The literature review shows that, although the DSM-5-TR categorical model continues to be widely used in clinical practice, it has important limitations in that it predominantly favors manifestations of explicit grandeur, and may underestimate more subtle or vulnerable presentations of the narcissistic spectrum.

In this context, dimensional approaches, such as those proposed by the ICD-11 and the Alternative Model for Personality Disorders (AMPD), represent significant advances by emphasizing impairments in personality functioning and the presence of specific pathological traits. These models allow us to understand narcissism as a psychopathological continuum, capable of encompassing both grandiose and vulnerable manifestations, often associated with instability of self-esteem, hypersensitivity to criticism, and difficulties in emotional regulation.



Additionally, the literature highlights that the empathic dysfunction observed in NPD does not necessarily correspond to a complete absence of emotional understanding, but rather to a deficit predominantly in affective empathy, which contributes to patterns of interpersonal exploitation and difficulties in maintaining reciprocal bonds. This aspect reinforces the importance of in-depth clinical evaluations that consider not only the formal diagnostic criteria, but also the relational functioning and the dynamics of the individual's identity.

Thus, the diagnosis of Narcissistic Personality Disorder must be conducted from a multidimensional and longitudinal perspective, integrating categorical criteria, dimensional models, and clinical observation of interpersonal functioning over time. This approach allows for greater diagnostic accuracy and contributes to the development of more individualized therapeutic strategies, favoring more effective clinical interventions in the management of this condition.

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