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Narcissistic personality disorder in the ICD-11: Severity and trait profiles of grandiosity and vulnerability

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Abstract

Modern diagnostic and classification frameworks such as the ICD-11 and DSM-5-AMPD have adopted a dimensional approach to diagnosing personality disorder using a dual "severity" and "trait" model. As narcissistic personality has historically struggled to be adequately captured in dominant diagnostic systems, this study investigated the utility of the new ICD-11 framework in capturing diverse narcissistic expressions. Participants were mental health clinicians ($N = 180$, 67% female, age = 38.9), who completed ratings of ICD-11 personality severity, trait domains and a clinical reflection for two hypothetical case vignettes reflecting either prototypical "grandiose" or "vulnerable" narcissism. The majority of clinicians (82%) endorsed a diagnosis of personality disorder for both grandiose and vulnerable vignettes. Discriminant elements of personality impairment included rigid, unrealistically positive self-view, low empathy and high conflict with others for grandiosity, and incoherent identity, low self-esteem and hypervigilant, avoidant relations with others for vulnerability. Regarding trait profile, grandiose narcissism was predominately dissocial whereas vulnerable narcissism was primarily associated with negative affectivity and detachment.

Nicholas J. S. Day and Ava Green contributed equally to this work and share first authorship.

Qualitative responses highlight distinct clinical themes for each presentation. These findings suggest that clinicians using the ICD-11 framework are able to identify common core elements of personality dysfunction in grandiose and vulnerable narcissism while also recognizing their distinctive differences.

KEYWORDS
grandiose, ICD-11, narcissistic personality disorder, personality assessment, vulnerable

1 | INTRODUCTION

1.1 | Narcissism in diagnostic manuals: ICD & DSM

When mental disorders were introduced for the first time in the sixth edition of the *International Classification of Disease* system (ICD), the diagnosis "narcissistic personality disorder" (NPD) was not included, nor did it appear in subsequent editions 7, 8, or 9 (Benjaminsen, 2009). In the ICD-10 (World Health Organization, 1992) a number of specific personality disorders are listed (e.g., paranoid, schizoid, histrionic, etc.) along with short descriptions of their key features, however narcissism is included by name only under "Other specific personality disorders" with descriptive content entirely absent (Levy et al., 2013). While this seeming complete omission of NPD in the ICD is striking, it stands in stark contrast with the *Diagnostic and Statistical Manual of Mental Disorders'* (DSM) approach to capturing the multifaceted construct. NPD was introduced as a diagnostic category in its third edition (DSM-III, American Psychiatric Association, 1980) and included hallmark "grandiose" features of narcissism (i.e., Criterion A, B, C: self-importance and uniqueness, grandiose fantasy, exhibitionism), explicit "vulnerable" elements (i.e., Criterion D: feelings of rage, inferiority, shame, humiliation or emptiness due to ego threat), and disturbances in interpersonal relationships (i.e., Criterion E: entitlement and non-reciprocation, interpersonal exploitativeness, idealization and devaluation, lack empathy). However, post DSM-III, a broader meta-theoretical paradigm shift took place that re-conceptualized diagnostic criteria from a mixed polythetic and monothetic diagnostic format, to a solely polythetic approach in an effort to standardize diagnostic systems and increase the precision and reliability of diagnoses (Levy et al., 2011).

Resulting criteria for NPD emphasized explicit grandiosity (e.g., superiority, grandiose fantasy, envious, haughty, etc.) over more vulnerable features, conflicting with decades of theoretical, clinical and empirical work (Cain et al., 2008; Pincus et al., 2014). This change is also likely reflected in inconsistent prevalence data, with population estimates ranging from 1% (Dhawan et al., 2010) to 6.2% (Stinson et al., 2008), and clinical estimates from 1.3% to as high as 20% (Ronningstam, 2009). However, this is particularly contrasted with the prevalence of actual diagnoses of NPD conferred in routine clinical practice, which can be as low as 0.8% (Karterud et al., 2011). Ongoing contention regarding the empirical status of NPD led to it nearly being removed altogether as a diagnostic entity in the DSM-5, however strong objection by expert clinical and empirical researchers in the field (e.g., Ronningstam, 2011a; Shedler et al., 2010) led to it being retained (Skodol et al., 2014).

1.2 | Dimensional models of personality

Following sustained criticisms regarding issues of stigma, arbitrary thresholds, comorbidity and clinical utility (Tyrer, 2013), a major metatheoretical shift occurred again with the DSM-5 publication of the "Alternative Model of

Personality Disorders" (AMPD; American Psychiatric Association, 2013) and recently with the new model for personality disorder in the ICD-11 (World Health Organization, 2024). These approaches use a severity and trait model where clinicians first assess the degree of impairment in core areas of "self" and "interpersonal" functioning (on a scale of: no personality disorder, personality "difficulty," or "mild," "moderate" or "severe" disorder), then additionally specify the presence of personality traits utilizing a maladaptive variant of the "Big five" personality traits (for a review, see: Bach & First, 2018). With the introduction of this new severity and trait model the ICD-11 simultaneously dispensed with subtypes (such as "narcissistic." "paranoid," etc.), instead retaining a single category of "personality disorder" (with the notation of an additional "borderline pattern" specifier). While evidence is still emerging for the utility of the new ICD-11 classification system, early indicators highlight the improved clinical utility and appropriateness of the new model (Tracy et al., 2021). Such improvements include the sound theoretical and empirical foundation of the personality severity and trait domain format of which the model is built around, its ability to facilitate enhanced clinical decision making around issues of prognosis, risk and intensity of required psychotherapy, as well as potentially furthering anti-stigma efforts (Bach et al., 2022; Herpertz et al., 2022; Mulder & Tyrer, 2023).

Nonetheless, despite "narcissism" being removed as a descriptive label in this new system, the reality of a clinical population displaying prototypical features of grandiosity and vulnerability remains (e.g., Jiang et al., 2019), highlighting the need to further understand how individuals conceptualized as having narcissistic features are assessed in the new dimensional system. Regarding personality functioning, resent research (e.g., Bach, et al., 2021) indicates a significant association between self-reported narcissistic pathology and core impairments in self and interpersonal functioning as reflected in the ICD-11. While this suggests the ability of the new model to capture narcissistic presentations, specific elements of personality functioning in the ICD-11 and their relation to narcissism has not been explored in depth. Within the system, the level of impairment of personality functioning domains can be specified according to a dimension of severity. Narcissistic pathology has a long history of being conceptualized according to a dimension of severity primarily owing to the "malignant narcissism" construct (Kernberg, 2007, 2008). This presentation is argued to display prototypical narcissistic features alongside severe impairment in self (e.g., impaired moral/value system, aggressive and paranoid emotional experience) and interpersonal functioning (e.g., antisocial, violent, sadistic behavior towards others), and indeed there is some empirical research supporting this presentation (Lenzenweger et al., 2018; Russ et al., 2008). As such, while narcissism seems well placed to explore personality functioning according to a dimension of severity, there has been limited research to date, and none explicitly exploring comparisons between grandiose and vulnerable expressions Regarding trait profile, a review by Simon et al. (2023) indexed personality trait domain specifiers according to traditional PD categories from 9 published articles and reported NPD to be most consistently associated with dissociality, anankastia and disinhibition. However, the authors also remarked on the complexity identifying prototypical trait profiles given the diversity of narcissistic expression, for instance, in that of "vulnerable" narcissism which shows more association with negative affectivity (Pincus et al., 2016). Finally, a recent study by Riegel et al. (2022) reported the overall reliability and clinical utility of the ICD-11 framework to adequately capture narcissistic psychopathology in patients with addiction disorders. As such, while prior research is promising regarding the utility of the ICD-11 framework, further research is needed to assist with reconciling some inconsistencies in the field in regard to capturing narcissistic expressions. There are currently no empirical studies that fully examine narcissism in the ICD-11 framework, using a clinician sample and focusing on both grandiose and vulnerable features.

1.3 | The current study

The current study applies the new dimensional ICD-11 framework to diverse narcissistic expressions in two hypothetical case vignettes manifesting either "grandiose" or "vulnerable" features. Given the contentious history of the narcissism construct (e.g., Cain et al., 2008), a specific aim of this study is to assess the ability of the ICD-11 to

discriminate between grandiose and vulnerable narcissism in the absence of priming personality disorder categorical classifications (e.g., Green, et al., 2023) with regard to personality functioning and trait profiles, and how this corresponds to clinician qualitative conceptualization.

2 | METHOD

2.1 | Participants & recruitment

Participants were mental health clinicians actively involved in the provision of mental health services. Following institutional ethics board approval, clinicians were recruited using a snowball sampling methodology (Goodman, 1961) via advertisements posted to university institutions, local health facilities and online. Clinicians were offered a 1/16 chance to receive a gift voucher for participating in the research. Clinicians needed to be qualified and be actively involved in the provision of mental health services (e.g., psychologists, psychiatrists, mental health nurses, social workers, etc.) to participate. All clinicians who completed at least one reflection for one of the vignettes were included in the qualitative analysis to capture the maximum possible responses ($N = 180$), however quantitative comparisons used only clinicians who had completed the whole survey ($N = 158$). The majority of clinicians (83%) were Caucasian. Table 1 displays the demographics for the sample.

2.2 | Measures

2.2.1 | Clinical case vignettes

Two clinical case vignettes of hypothetical patients presenting with either grandiose narcissism or vulnerable narcissism were presented. These vignettes were constructed by Kealy et al. (2017) in consultation with an expert panel who reviewed, amended, and endorsed the vignettes as representative of grandiose and vulnerable narcissism regarding central features of narcissistic phenotypic expression (Cain et al., 2008). The vignettes used in this study were slightly modified from their original form to remove stereotypically gendered differences in content between male and female versions, but are nonetheless designed to be equivalent in terms of displaying clinical indicators and severity of personality dysfunction, with previous use in exploratory research (Green et al., 2023). All clinicians were presented with both the grandiose and vulnerable vignettes in random order. Clinicians were randomly presented with either the male or female version of the vignettes, with no differences between these versions aside from the pronouns used to describe the hypothetical patient. Vignettes are presented in supplementary materials.

2.2.2 | ICD-11 personality aspect severity

Clinical vignettes were scored using eight items modified from the Personality Disorder Severity ICD-11 Scale (PDS-ICD-11; Bach et al., 2021) to capture the level of severity in aspects of personality functioning as conceptualized in the ICD-11 (identity, self-worth, self-perception, goals, relationship interest, empathy, mutuality, conflict). The PDS-ICD-11 has been shown to be a valid and reliable measure of personality severity (Bach et al., 2021). Items are rated on a 5-point scale (i.e., 2 – 1 – 0 – 1 – 2), with the center point ("0") representing healthy functioning and outer points ("2") representing impairment in functioning. Each end of the scale reflects opposing extremes of impairment (e.g., for the "identity" aspect the extreme scores capture either "absent" or "rigid" respectively). For purposes of comparing directional differences of impairment between the

TABLE 1 Clinician demographics ($N = 180$).

Mean age (SD, range)	38.9 (12.0, 22–76)
Mean years clinical experience (SD, range)	11.2 (10.3, 1–50)
Gender	
Female	121 (67.2%)
Male	57 (31.7%)
Nonbinary	2 (1.1%)
Country	
Australia	73 (40.6%)
United Kingdom	59 (32.8%)
Europe	30 (16.7%)
United States	9 (5.0%)
Russia	4 (2.2%)
Canada	3 (1.7%)
Africa	1 (0.6%)
South America	1 (0.6%)
Education	
Postgraduate (masters, PhD or equivalent)	136 (75.6%)
Undergraduate (bachelor, honors or equivalent)	44 (24.4%)
Profession	
Psychologist	66 (36.1%)
Trainee psychologist	60 (31.7%)
Psychiatrist	24 (12.7%)
Other	30 (19.4%)
Therapeutic modality	
Cognitive-behavioral	135 (75%)
Psychodynamic	64 (36%)
Integrative	41 (23%)
Family/Systems	41 (23%)
Other	2 (1%)
Missing	7 (4%)
Personality disorder expertize	
Expert	25 (14%)
Advanced	31 (17%)
Sound	42 (23%)
Developing	48 (27%)

(Continues)

Minimal	15 (8%)
Missing	19 (11%)

Note. "Other" profession category included: Clinical nurse consultant (*n* = 1), Counselor (*n* = 3), Mental health worker (*n* = 4), occupational therapist (*n* = 3), psychotherapist (*n* = 6), social worker (*n* = 3), or unspecified (*n* = 10). "Other" therapeutic modality included: art therapy (*n* = 1), lived experience peer work (*n* = 1).

grandiose and vulnerable vignettes, the scale was also re-coded to a −2 to +2 unipolar scale in this study. Where the initial scoring captured overall impairment (irrespective of expression) this re-coded scoring meaningfully captures differences in expression of personality impairment. Internal consistency within the present sample was acceptable (α = .72).

2.2.3 | Overall personality severity

One question was used to assess overall personality severity ("At what degree of overall personality severity would you rate [the patient]?"). Clinicians responded to this question on a scale from 0 ("no personality disturbance") to 4 ("severe personality disturbance"), using the severity classifications in the ICD-11. Scores of 2 ("mild personality disorder") and above indicated a personality disorder.

2.2.4 | ICD-11 personality traits and facets

Clinicians were asked to first endorse via tick box the personality trait domains that were relevant to the vignettes from those outlined in the ICD-11 (negative affectivity, detachment, dissociality, disinhibition, anankastia). For each domain selected, clinicians then were given the opportunity to specify up to three relevant sub-facets. These included Negative affectivity: "emotional lability," "depressivity" and "anxiousness;" Detachment: "social withdrawal," "intimacy avoidance," "restricted affectivity;" Dissociality: "manipulativeness," "grandiosity," "hostility;" Disinhibition: "irresponsibility," "impulsivity," "distractibility;" Anankastia: "orderliness," "rigidity," "perfectionism." These sub-facets were taken from the Personality Inventory for DSM-5 (Krueger et al., 2013) and tailored to cover features captured in the ICD-11 in line with recommendations provided by Bach et al. (2018) and others (Bach et al., 2017; Sellbom et al., 2020).

2.2.5 | Borderline pattern specifier

The borderline pattern specifier is included in the ICD-11 to identify individuals who may respond to certain psychotherapeutic treatments. Clinicians were presented criteria of borderline personality disorder (BPD) as they appear in the DSM-5 (American Psychiatric Association, 2013) and asked to indicate whether the patient in the vignette displayed five or more of these criteria. Endorsement of the borderline pattern specifier was scored as 1.

2.2.6 | Qualitative analysis

After reading each clinical vignette, clinicians responded to the prompt:

"Please jot down some brief clinical reflections on this case. This could include your spontaneous reaction, any words or phrases that stand out to you, or your overall general impression."

Clinician responses were analysed via qualitative data software Leximancer, version 5 (Smith, 2021). Leximancer is a computer assisted content analysis program used to explore and identify semantic relationships depicted by a visual map that relates "themes" and "concepts" from the qualitative text (Smith & Humphreys, 2006). The software analyses text responses according to an inbuilt word-based dictionary. During analysis, concepts are formed comprising groupings of word and word-like instances within a two-sentence parameter. This includes the combination of words that are similar (e.g., "annoy" and "annoys") in conjunction with frequently co-occurring words (e.g., "annoy" and "angry"). Words that are not relevant to the analysis or words with a low semantic meaning (e.g., "the" and "like") were removed from analysis. The resulting concepts are depicted as dots in the map whereby the proximity of any two concept dots represent their relatedness and the size of a concept dot represents its frequency. Themes, on the other hand, reflect superordinate clusters of identified concepts within the text.

2.3 | Statistical analyses

Paired-sample *t*-tests were used to compare ratings of impairment and severity between grandiose and vulnerable vignette. Pearson's correlation analysis was conducted to explore the relationship between mean ICD-11 personality aspect severity scores and personality severity classification. All analyses were conducted using SPSS v28.

3 | RESULTS

3.1 | Severity of personality functioning aspects

Mean comparisons of absolute (i.e., nondirectional) ratings of impairment in key aspects of personality functioning is displayed in Table 2 and visualized in Figure 1. Paired-sample t-tests revealed that while there were no significant differences for approximately half of the aspects examined, however averaged severity was rated as significantly higher in the grandiose vignette ($M = 1.4$, $SD = 0.3$) compared to the vulnerable vignette ($M = 1.2$, $SD = 0.4$), $t(157) = 6.0$, $p < .001$, $d = 0.5$.

TABLE 2 Absolute (nondirectional) ratings of personality aspect severity for the grandiose vignette and vulnerable vignette.

Personality Aspect	Grandiose (SD)	Vulnerable (SD)	*df*	*t*	*p*	*d*
Identity						
Identity	1.4 (0.6)	1.4 (0.6)	157	0.2	.845	0.0
Self-Worth	1.8 (0.4)	1.5 (0.6)	157	5.2	<.001*	0.4
Self-Appraisal	1.7 (0.5)	1.1 (0.6)	157	10.0	<.001*	0.8
Self-Direction	1.2 (0.7)	0.9 (0.7)	157	4.9	<.001*	0.4
Interpersonal						
Relationship Interest	0.9 (0.6)	0.9 (0.6)	157	1.3	.187	0.1
Empathy	1.5 (0.6)	1.5 (0.6)	157	0.7	.492	0.1
Mutuality	1.7 (0.5)	1.2 (0.6)	157	7.4	<.001*	0.6
Conflict	1.3 (0.6)	1.4 (0.6)	157	0.6	.526	0.1

*Significant after applying Bonferroni-Holm correction for multiple comparisons (Holm, 1979).

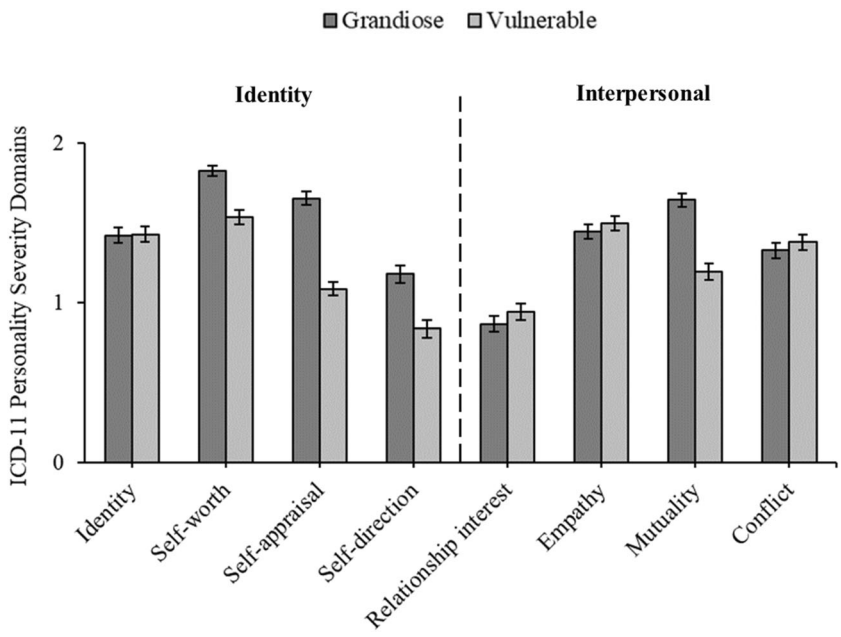

FIGURE 1 Absolute (nondirectional) ratings of personality aspect severity for the grandiose vignette and vulnerable vignette.

Paired-sample t-tests showed that comparing directional ratings of impairment (i.e., treating endorsed scores on either extreme of the dimension as different) results in highly significant differences across the individual aspects and across averaged severity for grandiose ($M = 1.1$, SD = 0.5) and vulnerable ($M = -0.9$, SD = 0.5) presentations $t(157) = 34.2$, $p < .001$, $d = 2.7$. These differences are presented in Table 3 and visualized in Figure 2.

3.2 | Overall personality severity

Regarding overall endorsement of personality severity, the majority of clinicians classified the presence of a personality disorder (regardless of severity: mild, moderate, severe) for both the grandiose (88% of clinicians) and vulnerable (75% of clinicians) presentations. However, paired-sample t-tests revealed that there were again significant differences in overall severity ratings with the grandiose vignette rated significantly more impaired ($M = 2.7$, SD = 0.9) than vulnerable ($M = 2.2$, SD = 0.9), $t(157) = 8.1$, $p < .001$, $d = 0.6$. Table 4 displays the frequency of endorsed personality disorder severity categories for grandiose and vulnerable presentations.

Pearson correlation analyses revealed a significant low-moderate positive correlation between averaged ICD-11 personality aspect severity scores and overall personality severity classification for both grandiose ($r = 0.4$, $p < .001$) and vulnerable ($r = 0.3$, $p < .001$) presentations. Figure 3 displays this trend, with higher averaged scores of ICD-11 aspect ratings corresponding with clinician endorsement of higher overall personality severity classification.

3.3 | Personality traits

Clinician-endorsed personality and sub-facet ratings are presented in Table 5. Regarding narcissistic vulnerability, the most frequent domain endorsed was "Negative Affectivity" (94%) followed by "Detachment" (72%), whereas

TABLE 3 Directional ratings of personality aspect severity for the grandiose vignette and vulnerable vignette (range −2 to 2).

Personality Aspect	Grandiose (SD)	Vulnerable (SD)	*df*	*t*	*p*	*d*
Identity						
Identity	−1.2 (1.0)	1.1 (1.1)	157	19.9	<.001*	1.6
Self-Worth	−1.4 (0.8)	1.6 (1.0)	157	29.3	<.001*	2.3
Self-Appraisal	−1.0 (0.7)	1.5 (0.9)	157	28.5	<.001*	2.3
Self-Direction	0.4 (1.0)	1.0 (1.0)	157	5.4	<.001*	0.4
Interpersonal						
Relationship Interest	−0.3 (1.1)	−0.3 (1.0)	157	0.4	.696	0.0
Empathy	−1.2 (1.3)	1.2 (1.0)	157	20.7	<.001*	1.6
Mutuality	−0.8 (1.1)	1.6 (0.6)	157	21.9	<.001*	1.7
Conflict	−1.2 (0.9)	1.3 (0.8)	157	24.9	<.001*	2.0

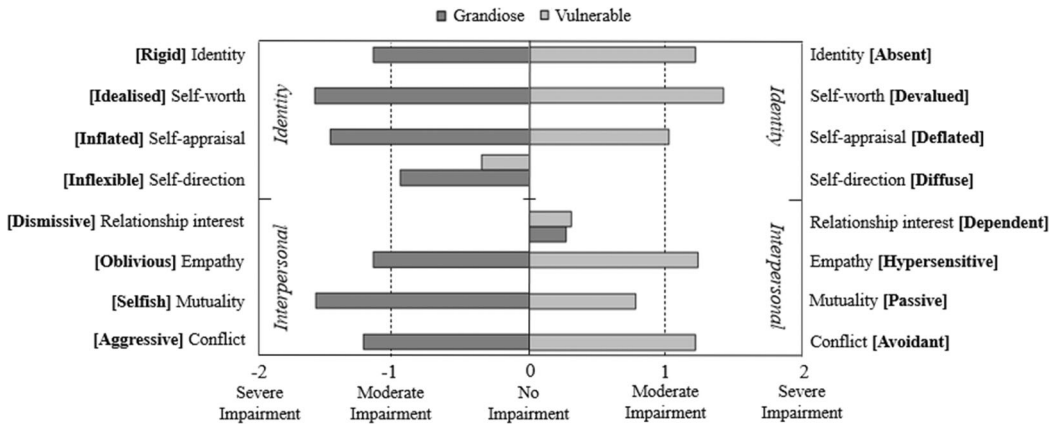

FIGURE 2 Directional ratings of personality aspect severity for the grandiose vignette and vulnerable vignette. Title brackets reflect the manifestation of extreme bipolar expression for each aspect. Scale brackets display the re-coded scores used to capture directionality of impairment.

TABLE 4 Clinician endorsement of personality disorder severity categories.

	Grandiose vignette (*n* = 168)	Vulnerable vignette (*n* = 161)
No impairment	2.4%	4.3%
Personality "difficulties"	9.5%	20.5%
Mild personality disorder	19.6%	33.5%
Moderate personality disorder	53.0%	36.0%
Severe personality disorder	15.5%	5.6%

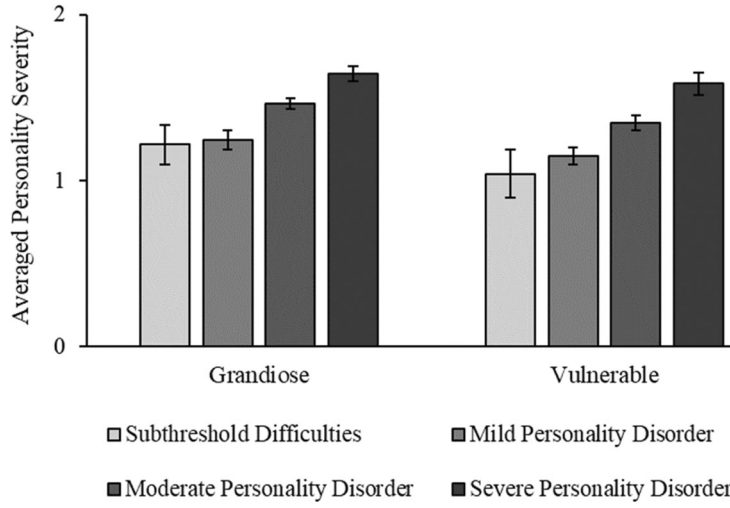

FIGURE 3 Mean impairment across ICD-11 personality aspect severity, rated according to overall personality severity classification. As there was a high variation in scores and very low endorsement of the "no impairment" category, it was merged with the "personality difficulty" into a category termed "subthreshold difficulties."

TABLE 5 Clinician endorsement of ICD-11 personality domain and sub-facets for grandiose and vulnerable narcissism vignettes.

	Grandiose (*N* = 168)	Vulnerable (*N* = 161)
Negative affectivity	31.5%	94.4%
Emotional lability	27.4%	21.1%
Depressivity	5.4%	88.8%
Anxiousness	7.1%	79.5%
Detachment	32.7%	72.0%
Social withdrawal	6.5%	54.0%
Intimacy avoidance	31.5%	44.1%
Restricted affectivity	16.1%	34.2%
Dissociality	91.1%	12.4%
Manipulativeness	60.1%	3.1%
Grandiosity	89.9%	5.0%
Hostility	64.3%	7.5%
Disinhibition	43.5%	4.3%
Irresponsibility	32.1%	1.2%
Impulsivity	28.0%	3.7%
Distractibility	4.2%	2.5%
Anankastia	58.3%	52.8%
Orderliness	1.8%	4.3%
Rigidity	44.0%	19.3%
Perfectionism	44.6%	49.1%

TABLE 6 Themes, concepts and example text for "grandiose" vignette.

Theme	Concepts	Example text
Narcissistic	*Narcissistic*, *Traits*, *Personality*	"Feeling of entitlement and the way they think about and treat others remind me of core traits of narcissistic personality disorder" (#19)
Grandiose	*Grandiose*	"Many signs of pathological narcissism, in the form of grandiosity (e.g., entitlement, envy projected onto others, grandiose fantasies, unrealistic appreciation of his strengths" (#23)
Self-focus	*Self-focus*, *Entitlement*, *Affairs*, *Respect*, *Superior*, *Empathy*	"Sounds very narcissistic and I would think, severe personality disorder. Glaring issues include the need for control, sense of entitlement and superiority, need for admiration, lack of boundaries." (#42)
Conflict	*Conflict*, *Control*	"The client has a feeling that everything is theirs to take… presents with antagonistic features, with high potential for interpersonal conflict" (#31)
Relationships	*Relationships*, *Difficulties*, *Sensitive*	"Difficulties in their interpersonal relationships broadly. Appears to hold their self-value very highly compared to others… responds to perceived devaluation or threats to his ego by becoming angry and imagines opportunities for retribution" (#71)
Work	*Work*	"I can assume difficulties communicating are not only with their partner but also with surrounding people (co-workers, friends etc.)" (#45)

narcissistic grandiosity was predominately captured by the domain of "Dissociality" (91%). "Anankastia" was endorsed approximately half the time by clinicians and was roughly equivalent across grandiose (58%) and vulnerable (53%) presentations.

3.4 | Borderline pattern specifier

Overall, the BPD specifier was not endorsed by the majority (80%) of clinicians, indicating the vignettes were not considered as having typical BPD features. However, when the BPD specifier was selected, it was applied to the vulnerable vignette 70% of the time, with only 30% being attributed to the grandiose vignette.

3.5 | Qualitative themes

Clinicians' qualitative responses are summarized in Tables 6 and 7 and depicted visually in Figure 4. Overall, clinician descriptions of grandiose and vulnerable narcissism expression presented distinct nomological networks.

4 | DISCUSSION

This study sought to examine the degree to which clinicians using the new ICD-11 personality severity and trait domain framework are able to measure diverse narcissistic expressions (grandiose/vulnerable) as presented in hypothetical patient vignettes. Results indicate that clinicians were able to identify the presence

TABLE 7 Themes, concepts and example text for "vulnerable" vignette.

Theme	Concepts	Example text
Disorder	*Personality*, *Disorder*	"Long-standing symptoms suggest personality disorder… Maybe borderline personality disorder, for example, chronic emptiness, abandonment fears… But sensitivity to slights, fear of social humiliation, is more akin to narcissistic personality disorder." (#42)
Depression	*Depression*, *Anxiety*, *Emptiness*	"Longstanding feelings of depression and anxiety, chronic feelings of emptiness and a sense of being profoundly lost and alone." (#76)
Feelings	*Feelings*, *Rejection*, *Humiliation*	"Low self-esteem, they seem to expect rejection and humiliation from others. Feels insecure in their relationships" (#134)
Relationships	*Relationships*	"Difficulty in trust with interpersonal relationships, derives comfort from fantasy ideal relationship. Appears to have a lack of social support but probably also would believe that support would be shameful and weak" (#36)
Others	*Others*, *Sensitivity*, *Negative*	"There is some sense of resenting others for not being admired and sense of paranoia that others want to exploit her" (#91)
Self	*Self*	"Identity diffusion. Self-representation oscillates between [extremes] of negative and positive/grandiose" (#23)
Perfect	*Perfect*	"Unrealistic expectations for relationships and overreliance on an idealized 'perfect' partner" (#165)

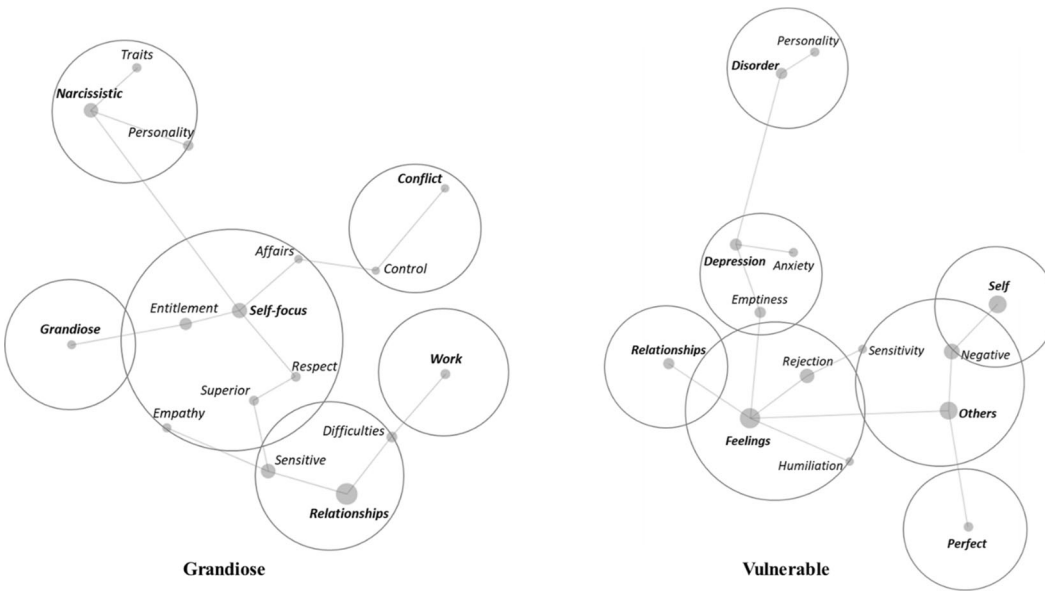

FIGURE 4 Qualitative map of clinician responses reflecting on "grandiose" (left) and "vulnerable" (right) expressions. Bold words reflect superordinate "themes," italicized words reflect individual concepts.

of overall personality impairment and significantly distinguish between key areas of personality functioning and trait domains for these two presentations. Qualitative analysis of clinician reflections highlighted central clinical themes further distinguishing narcissistic grandiosity and vulnerability, consistent with their ICD-11 ratings.

4.1 | Personality severity

Clinician ratings endorsed significant impairment in key personality functioning aspects for both grandiose and vulnerable vignettes, with most clinicians classifying a personality disorder (88% for grandiose, 75% for vulnerable). An observed significant correlation indicated that as classification of overall personality severity increased (from "no disorder" to "severe") so did the average severity in individual personality functioning aspects, consistent with prior research (Brown & Sellbom, 2023a, 2023b). That said, there are some inconsistent trends in clinician ratings that influence the scores observed. For instance, while the substantive majority did classify a personality disorder, approximately 18% (nearly one in five clinicians) did not. This partially explains the only low-moderate correlations observed between average aspect scores and overall severity ratings, as several clinicians rated significant impairment in personality functioning but subsequently did not go on to endorse a personality disorder diagnosis (i.e., rated personality "difficulties" or lower). One potential hypothesis for this pattern of responses is that while clinicians readily identified the presence of dysfunction, they simply preferred alternative diagnostic classifications, as suggested by some qualitative responses (e.g., #104: *"this type of thinking and behavior isn't uncommon in individuals who are* ***ADHD****"*; #145: *"shame & humiliation responses, makes me question* ***complex trauma*** *background"*). Similarly, as diagnoses were particularly lower for the vulnerable vignette it may be that clinicians struggled to identify personality disorder features as this presentation currently has no prototype in familiar diagnostic systems (Levy, 2012). However, while these hypotheses are likely fruitful and important ground for future research, it should be noted that these responses were in the minority of the sample.

Interestingly, absolute (nondirectional) ratings of impairment and overall severity classification were moderately but significantly higher in narcissistic grandiosity. One interpretation of this finding is that the grandiose vignette used here was in some way "more severe" than the vulnerable vignette. This conclusion is, however, tempered by research on narcissistic pathology which does not paint such a clear picture (e.g., Hörz-Sagstetter et al., 2018; Kaufman et al., 2018; Krizan & Johar, 2015) and further by the vignettes themselves which are designed to contain "no substantive clinical differences" between them (Kealy et al., 2017, p. 37). Rather, while severity might not be said to categorically vary as a function of subtype expression, countertransference reactions certainly may (Crisp & Gabbard, 2020; Tanzilli et al., 2017). For instance, research highlights clinician feelings of anger and hopelessness in response to grandiose narcissism, but anxiety and concern in response to vulnerable narcissism (Tanzilli & Gualco, 2020). Indeed, clinician qualitative responses appear to indicate at times a strong divergent feeling towards the two vignettes (e.g., *Grandiose, #27: "Vain. Entitled. Self-centered. Controlling, rigid … **They sound awful. Boring**"; Vulnerable, #111: "Fears of rejection or abandonment, low self-esteem, people pleasing … **I feel quite sad for this client actually**"*). Thus, it is possible that such negative countertransference reactions may have resulted in more negative diagnostic and prognostic assessments, and consequently more severe ratings of the grandiose vignette; however future research is needed to explore this possibility.

Nonetheless, notwithstanding these differences in overall severity, the most compelling and robust finding results from comparing directional manifestations of impairment which highlight a diverging pattern. From this vantage, the narcissistic grandiosity vignette manifests issues with identity rigidity, idealized self-worth, inflated self-appraisal, oblivious/deficient empathy, selfishness in relationships and high interpersonal conflict. Alternatively, the narcissistic vulnerability vignette was marked by identity absence/emptiness, devalued self-worth, deflated self-appraisal, hypersensitive (paranoid) attunement to others, passive interpersonal patterns and conflict avoidance. These findings indicate clinicians' ability to meaningfully identify elements of personality impairment in diverse expressions of narcissistic pathology, consistent with that presented in empirical, clinical and theoretical narcissism literature (Caligor & Stern, 2020; Day et al., 2020; Weinberg & Ronningstam, 2022).

4.2 | Personality traits and borderline "specifier"

Narcissism constellations within the ICD-11 framework have been proposed to predominately reflect personality traits of dissociality and negative affectivity (Bach & First, 2018; Bach & Tracy, 2022), and our results support and

extend this view. While negative affectivity was virtually unanimously identified in the vulnerable narcissism vignette (94%), detachment was also regularly endorsed (72%) indicating this may also be a relevant trait. The grandiose narcissism vignette was predominately marked by trait dissociality (91%) but not the vulnerable vignette (12%), which is interesting to consider as interpersonal dysfunction is a salient feature of pathological narcissism (Cheek et al., 2018) with evidence of trait antagonism being present irrespective of subtype expression (Di Sarno et al., 2023). As such it may be that the depressive elements of the vulnerable presentation overshadowed the antagonistic ones in clinician initial ratings. However, importantly, themes of interpersonal dysfunction (e.g., paranoia, resentment) did still emerge within clinician qualitative conceptualizations, perhaps highlighting the value of conducting a more rigorous consideration of elements beyond surface symptom expression when assessing narcissistic vulnerability. Anankastia was endorsed approximately half the time by clinicians in both grandiose (58%) and vulnerable (53%) subtypes, with facet perfectionism also being regularly endorsed (49%–45% respectively) consistent with suggestions that perfectionism may be an important factor in all narcissistic types (Fjermestad-Noll et al., 2020). However, a distinction was observed within the anankastia domain, with facet rigidity only being common in the grandiose presentation (44%) and not vulnerable (19%). Interestingly, while prior research has highlighted the relevance of trait disinhibition in narcissism (Simon et al., 2023), this was not particularly highly endorsed by clinicians in our sample, however when it was specified it was attributed to the grandiose expression much more regularly than vulnerable (44% vs. 4%).

Regarding the borderline "specifier," it is clear that clinicians did not view these two vignettes as BPD as the vast majority (80%) did not endorse it for either grandiose or vulnerable cases. These findings are particularly interesting regarding the vulnerable narcissism vignette, which displayed a number of overt symptoms that may have been readily identified by clinicians as BPD (e.g., emptiness, identity disturbance, affective instability). Indeed, prior research has demonstrated that vulnerable narcissism is frequently equated with BPD (Green et al., 2023), with others even suggesting vulnerable narcissism and BPD reflect an overlapping construct (Miller et al., 2018). As such, while it is true that when the BPD specifier was endorsed it was predominantly attributed to the vulnerable vignette, the low overall attribution of the specifier is noteworthy. One interpretation is that clinicians may have felt that adding the BPD specifier would not meaningfully aid conceptualization beyond the ICD-11 ratings already provided, consistent with research questioning its clinical utility (Gutierrez et al., 2022). However, an alternative explanation may simply indicate sound discriminant validity, where clinicians were able to accurately distinguish vulnerable narcissism features from that of BPD, particularly in the absence of priming diagnostic classifications.

4.3 | Nomological network

Investigations into the construct of narcissism have repeatedly outlined the distinctive nomological networks of narcissistic grandiosity and vulnerability (Edershile et al., 2019; Miller et al., 2011; Morf et al., 2017) whilst appreciating the degree to which they oscillate, interact and exist as interrelated constructs (Gore & Widiger, 2016; Krizan & Herlache, 2017; Oltmanns & Widiger, 2018; Ronningstam, 2011b). While the majority of studies have relied on statistical models in their exploration, our aggregation and synthesis of clinician qualitative responses provides a unique perspective. Overall, clinicians described core impairments in self and interpersonal functioning consistent with a diagnosis of a personality disorder for both grandiose and vulnerable vignettes, however such descriptions also captured the unique profile of these core difficulties. The grandiose self was predominately marked by entitlement, self-centeredness, belief in superiority and personal control, whereas the vulnerable self was described as depressed, anxious, empty and preoccupied with feelings of shame and humiliation. Interpersonally, grandiosity was described as having high conflict, devaluing others and lacking empathy, whereas vulnerability was marked by transient idealization mixed with distrust, paranoia and resentment. Overall, these descriptions are consistent with the ratings provided utilizing the ICD-11 system, indicating sound reliability between individual clinical conceptualization (i.e., Figure 4) and the personality functioning aspects presented in the

diagnostic framework (i.e., Figure 2). Interestingly, both grandiose and vulnerable vignettes were described as "sensitive" by clinicians, perhaps supporting a theory of interpersonal hypersensitivity as a key feature of the disorder (Lee et al., 2020) but which results in markedly differing inter-intra-personal styles.

4.4 | Clinical implications

Narcissism vignettes were able to be rated via core impairments in self and interpersonal functioning, incorporating not only severity of impairment, but also the nature of functional impairment and corresponding personality trait profile. As such, synthesizing the results presented, a summary of prototypical expression of narcissistic functioning as per ICD-11 classification is presented in Table 8.

4.5 | Limitations and suggestions for future research

There are a number of limitations regarding the findings of this study. First, the vignettes utilized were intentionally designed to contain "no substantive clinical differences" (Kealy et al., 2017, p. 37) between them in terms of severity. While this is important for investigating the divergent patterns of impairment, the inclusion of an explicitly "high functioning" and "low functioning" vignette as part of the design would have additionally allowed for a systematic examination of how readily the ICD-11 system can be used by participants to discriminate between levels of severity. Additionally, the use of only two vignettes to represent grandiose and vulnerable presentations may limit the generalizability of findings in reflecting the diversity of narcissistic expression. That is, variations in individual differences may result in a theoretically multitudinous constellation of personality trait domains and facets. However, it should be noted that at least at the domain level across the two vignettes all five of the major personality traits of the ICD-11 are reflected (i.e., Table 8), which does suggest relatively good coverage. As such,

TABLE 8 Prototypical expressions of narcissistic personality in hypothetical vignettes rated using the ICD-11.

Narcissistic Grandiosity	Narcissistic Vulnerability
Personality Functioning Aspect	*Personality Functioning Aspect*
Self functioning: identity rigidity, idealized self-worth, inflated self-appraisal.	Self functioning: identity absence/emptiness, devalued self-worth, deflated self-appraisal
Interpersonal functioning: oblivious/deficient empathy, selfishness in relationships and high interpersonal conflict	Interpersonal functioning: hypersensitive (paranoid) attunement to others, avoidant (passive-aggressive) conflict
Relevant Personality Traits	*Relevant Personality Traits*
Dissociality	Negative affectivity
Disinhibition (optional)	Detachment
Anankastia (optional)	Anankastia (optional)
Clinical themes	*Clinical themes*
• Entitlement and self-centeredness • Belief in superiority and personal control • High aggression, conflict with others • Devaluation of others, lacking empathy • Interpersonal hypersensitivity	• Depression, anxiety, emptiness • Shame, humiliation, victimhood • Transient, superficial idealization • Distrust, paranoia and resentment • Interpersonal hypersensitivity

while the aim of this article was to provide some indication of how clinically familiar narcissistic presentations may be broadly reflected within the new system, clinicians should account for variations in both severity (i.e., impairment and impact) and traits (i.e., individual differences) in their appreciation of central narcissistic dilemmas when assessing using the ICD-11. Second, an assumption made in this research is that of clinician objectivity and accuracy in ratings of personality severity and trait domains. However, the reality that clinician ratings may be influenced by a number of factors both demographic (e.g., education level, clinical experience, theoretical modality) or subjective (e.g., countertransference reactions, personal worldview) is not systematically examined within the current research. While our goal was to present an overview of how clinicians use the ICD-11 in general, specific examination of differences in demographic variables, countertransference or clinical conceptualization and how these influence ratings is a suggestion for future research. Third, clinicians were aware that the aim of this study was to explore the implementation of the ICD-11 framework and classification of personality disorders. This awareness may have influenced the way that participants responded in this may have encouraged them to endorse higher personality pathology. Finally, clinicians in our study rated personality traits in a dichotomous way (i.e., "present" or "absent") as corresponding to the way traits are presented in the ICD-11 as to being optional trait "specifiers" that a clinician may endorse. However, while personality functioning in the ICD-11 is quite clearly indexed according to a dimension of severity, authors have critiqued the way that personality traits "can only be coded as present or absent even though they exist on a continuum" (Bach et al., 2021, p. 5). This essentially retains a categorical approach, and is seemingly at odds with the recognition within the ICD-11 that traits are continuous with normal personality (Swales, 2022). As the purpose of this study was to outline how different expressions of narcissism way be expressed within the ICD-11, our results do indicate the way that the specifier model does provide meaningful distinctions (e.g., differing "Dissociality" and "Negative Affectivity" for grandiosity and vulnerability respectively) however simultaneously our results may highlight how unsatisfactory such an approach is for fostering an in-depth understanding and exploration of personality traits. A more meaningful approach would be to score personality traits in a truly dimensional fashion, for instance rating "how much" any one trait may apply on a gradient, or through scoring a trait on a continuum explicitly linked with adaptive functioning, for example, rating along a continuum between "Negative Affectivity" and "Emotional Stability" as reflecting opposite poles.

As a final word, it is worth briefly considering the context in which this study takes place with regard to the removal of all familiar personality disorder "types" in the ICD-11. Given this context, the current study reflects an inherent paradox whereby we make use of the ICD-11 system to examine a construct ("narcissism") which is no longer recognized within this system itself. It should be noted that personality disorder (and specifically narcissistic personality disorder) has been in this position before, as the DSM implemented its own dimensional system. The criticisms raised then are still relevant now, as we consider the loss of accumulated empirical evidence, treatment guidelines and clinical wisdom (e.g., Ronningstam, 2011a; Shedler et al., 2010) concomitant with this change (see: Bach & Kramer, Doering, et al., 2022). In this article, our results seem to further this paradox by suggesting that the ICD-11 *does* have the capacity to meaningfully capture a clinically realistic presentation of narcissistic pathology (encompassing both grandiosity and vulnerability), and that this improved capacity is perhaps precisely by virtue of removing these priming categorical classifications (that may shrink clinician appreciation of individual differences in expression, e.g., Green et al., 2023). Albeit ironically patients recognized as such would no longer be identified as "narcissistic" within this new system. However, the effect this has on clinician conceptualization, and ultimately treatment, is an area of ongoing debate and cannot be conclusively addressed based on the current data set. In other words, it remains to be seen if clinicians can robustly conceptualize and intervene on the basis of personality functioning and trait domains alone, or if shorthand heuristics (e.g., "paranoid," "narcissistic," etc.) remain a helpful (or essential) tool in this process. Certainly, the results of the qualitative analysis indicate that for the grandiose subtype (and to a lesser extent vulnerable) clinicians still regularly used these terms, however it is an open question as to if this suggests the enduring usefulness of these classifications in conceptualization, or simply reflects automatic ways of thinking based on being trained in the traditional categorical approach. Further research is required to explore this point, and particularly in terms of perceived clinician utility and effect on treatment and clinical outcome.

4.6 | Summary and considerations

These findings facilitate an explicitly translational aim to outline and explore clinician ratings of narcissistic functioning within the parlance of the new ICD-11 system. Results indicate that clinicians using the ICD-11 severity and trait domain structure were able to capture difficulties in self and interpersonal functioning in narcissistic disorder vignettes. Clinician ratings reported grandiosity to be marked by rigid, unrealistically positive self-view, low empathy, high conflict with others and trait dissociality, whereas vulnerability was marked by incoherent identity, low self-esteem, hypervigilant-avoidant relations with others and trait negative affectivity and detachment. These findings inform how the ICD-11 personality disorder framework may perform when rating patients high in vulnerable or grandiose narcissism.

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DATA AVAILABILITY STATEMENT

The datasets generated and/or analysed during this study can be obtained from the corresponding author on reasonable request.

ETHICS STATEMENT

The study received ethical approval from the Institutional Review Board (ETH2223-1126) from City, University of London. Participants provided informed consent before participating.

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SUPPORTING INFORMATION

Additional supporting information can be found online in the Supporting Information section at the end of this article.

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