

Narcissism & Narcissistic Personality Disorder: An Interlacing Threads of Self-Obsession

Rudrani Mitra

Assistant Professor, Department of Psychology,
Swami Vivekananda University

*"For the most part people are not curious except about themselves."
John Steinbeck*

In 1898, British essayist and physician Havelock Ellis was the first to recognize narcissism as a mental disorder characterized by pathological self-absorption. This disorder is marked by an exaggerated self-image, a preoccupation with fantasies, an unusual calmness and composure that is disrupted only when their self-confidence is challenged, and a propensity to exploit others for personal advantage. The word "narcissism" comes from the myth of Narcissus, who was captivated by his own reflection. Sigmund Freud noted that narcissism is a typical stage in child development, but it is considered a disorder if it continues beyond puberty.

In personality psychology, narcissism is one of the three negative traits that make up the "dark triad," along with Machiavellianism and psychopathy. The Diagnostic and Statistical Manual of Mental Disorders (DSM), in its fifth edition published in 2013, describes narcissism as featuring traits of grandiosity and attention-seeking, along with notable impairments in personality functioning. These impairments include an excessive reliance on others to regulate self-esteem, a belief in one's own exceptionalism, impaired empathy, and predominantly superficial relationships. These traits tend to remain consistent over time and are not mainly caused by medical conditions, drug use, or developmental stages. Researchers have identified a milder form of narcissism known as the narcissistic personality type. Individuals with this personality type exhibit many or all traits of narcissistic personality disorder but still fall within the typical range of

personality.

Individuals with NPD are obsessed with sustaining an overly positive self-image. They are hyper focused with receiving flattering evaluation from others and react with intense emotions, either positive or negative, depending on whether they succeed or fail in gaining others' admiration. Narcissists seek positive validation and actively manipulate others to elicit or coerce praise. As a result, narcissism is viewed as a persistent method of managing self-esteem through interactions with others.

The Narcissistic Personality Inventory (NPI) is the most commonly used self-report questionnaire for diagnosing narcissistic personality traits. The NPI assesses narcissistic traits through forced-choice items, where respondents select which of two statements better reflects their own characteristics. For instance, they may choose between the statements "People consistently acknowledge my authority" and "Holding a position of authority isn't particularly important to me". Higher NPI scores are indicative of narcissistic behaviours such as arrogance, perceived superiority, and aggression. Persons with narcissistic personality disorder generally achieve higher scores on the NPI than those with other psychiatric conditions or in control groups.

The well-known ancient history of the Narcissus story comes from the Roman poet Ovid. The story emphasizes that Narcissus was a hunter known for his exceptional beauty. Many fell love with him but he rejected all of his admirers and romantic advances. One day while out hunting in the woods, he came upon a clear spring, as he knelt down to take a drink he noticed his own image in the water and fell deeply in love with the reflection of his own beauty. Narcissus was unable to leave the spring and dissipate all his time staring at his own mirror image, pining away for the unattainable love he saw in the water. Eventually he realized that he could never possess the object of his desire and that his love could never be reciprocated. Overcome with grief and despair Narcissus stayed by the spring until he wasted away and died.

The story of Narcissus serves as a powerful moral lesson across cultures and generations. It's a poignant reminder of the dangers of excessive pride and vanity. Narcissus' fate demonstrates the perils of becoming overly absorbed in one's own image and the importance of empathy and recognition of others. His story has transcended time, continuing to be a relevant and cautionary tale about the consequences of self-obsession and indifference to the feelings of others.

Psychodynamic elaboration of Narcissism

Sigmund Freud devoted an entire paper, "On Narcissism: An Introduction" (1914), to elucidating the mechanisms and dynamics of narcissism. In this work, he profoundly explored its connection to libido and its effect in the psychosexual development of an individual.

The group of psychoanalysts were the another body to clarify the conception of narcissism, differentiating between normal egoism and self-admiration, this can be observed in both childhood age groups and in some adults, and in more acute psychopathological forms, it involves an excessive focus on and investment in one's own body. Otto Rank published the first psychoanalytic paper in 1911, focused solely on narcissism, based on his research with female patients. Rank (1914/1971) made several significant contributions in this and his subsequent work, including his view of narcissism as a form of self-conceit and self-admiration that extends beyond sexual aspects to encompass self-protective defensive functions. Narcissistic individuals, according to Rank, often depend on others for support and seek to relish in the presence of influential and powerful figures.

While Freud briefly addressed narcissism in his 1914 paper, Otto Rank considered it a normal aspect of human development. Freud's perspective on narcissism evolved over time, shifting from viewing it as a form of sexual perversion and naive thinking to identifying it "as a type of object choice, a pattern of relating to others, and a component of self-esteem." (Pulver, 1970). Thus, narcissism can be seen both as a universal stage in psychosexual development and as an aspect of self-preservation instincts, and an indicator

of pathological character. Freud's theories were grounded in observations of psychotic patients, young children, clinical data, and sexual love relationships. He first introduced the concept of narcissism in his 1910 publication, "Three Essays on the Theory of Sexuality" (1905/1957) and further explored it in "On Narcissism: An Introduction" (1914/1957). In these foundational works, narcissism was depicted as a dimensional psychological state, similar to how modern trait theorists characterize the pathological extremes of normal traits. Rank and Freud perceived narcissism as dynamic, seeing grandiosity as a defense mechanism against feelings of worthlessness or insignificance.

Despite these traits, Freud observed that such individuals often garnered admiration and attention and frequently occupied leadership roles. Notably, in this paper, Freud linked narcissism with aggression. Wilhelm Reich, a psychoanalyst, built upon Freud's observations by introducing the concept of the phallic-narcissist character. This character is characterized by traits such as self-confidence, arrogance, haughtiness, emotional coldness, and aggression. Reich further elucidated the link between narcissism and aggression, noting that narcissistic individuals often respond to emotional hurt, injury, or threats delivered with cold disdain, bad temper, or outright aggression. Reich also associated narcissism with concepts of masculinity, observing it more commonly in men, and noted that narcissistic individuals were overly fixated on the phallus.

Neo Freudian & Humanistic emphasis of Narcissism

Karen Horney (1939) characterized narcissism as a personality trait and identified various types, including aggressive-expansive, perfectionist, and arrogant-vindictive. She argued that "narcissism" should refer specifically to unrealistic self-inflation, distinguishing it from healthy self-esteem. Horney described self-inflation as excessive self-love and admiration without a solid foundation. This view aligns with the concept of morbid grandiosity as a defensive strategy in narcissism. Winnicott (1965) further elaborated on this by distinguishing between the actual self and an odd or imagined self, suggesting that narcissistic persons create an exaggerated

imagined self to protect against vulnerability. Annie Reich (1960) proposed that early traumatic experiences hinder narcissists' ability to manage their self-esteem, causing them to retreat into a grandiose fantasy world where they perceive themselves as powerful rather than weak. Narcissists often have a low tolerance for ambiguity, mediocrity, or failure, viewing themselves as either perfect or total failures, which leads to dramatic shifts between extreme grandiosity and deep despair or depression.

Nemiah(1961) expanded the concept of narcissism by defining it as both a personality type and a disorder, originating the term "narcissistic character disorder." Kernberg (1967), within his framework of borderline personality disorder, introduced the concept of "narcissistic personality structure." By 1970, Kernberg had elaborated on the pathological features of this structure, proposed a diagnostic method by overt noticeable behaviors, and distinguished among normal and psychopathological narcissism. In 1968, Kohut further refined the concept by introducing the term "narcissistic personality disorder."

Narcissistic personality disorder

Narcissistic Personality Disorder (NPD) is marked by tenacious grandiosity, an intense need for self-entitlement, and absence of compassion for others, often manifesting as disdain for others. This disorder involves a falsified sense of self-aggrandizement, driving a desire to exert authoritarianism and supervision. In contrast to healthy self-belief, NPD leads individuals to elevate themselves above others, disregarding their feelings and expecting special treatment regardless of actual accomplishments. Socially, those with NPD often display a precarious self-regard, sensitive to criticism, and argue to undervalue others to bolster their own sense of superiority.

According to the DSM-5, a person with NPD must meet at least five of the following nine criteria, usually without having the corresponding personal qualities or accomplishments to justify the respect and status they demand:

They possess an exaggerated high sense of self-importance, characterized by exaggerating their achievements and talents and expecting recognition as superior, even when their accomplishments do not warrant it.

- They are obsessed with fantasies of unlimited wealth, luxury, power, mastery, beauty, or idealized love.
- They view themselves as special and unique, believing that only other high-status or exceptional individuals or institutions can understand or deserve their association.
- They require excessive admiration from others.
- They have a strong sense of entitlement, expecting preferential treatment or automatic compliance with their demands.
- They exploit others for personal gain.
- They lack empathy and are unwilling to acknowledge or connect with others' feelings and needs.
- They often envy others or believe others are envious of them.
- They display superior, arrogant behaviors or attitudes.

Narcissistic Personality Disorder (NPD) is characterized by a consistent pattern of excessive self-importance, a constant need for admiration, and challenges with empathy. Individuals with NPD frequently fantasize about power, success, or their own appearance. Recently, there has been increased media attention on the stigma surrounding NPD, Narcissistic behaviors, which often develop in early adulthood, may be linked to abusive experiences and childhood trauma. These behaviors can manifest in various contexts.

Epidemiology

Narcissistic personality disorder (NPD) typically emerges in adolescence or early adulthood. While children and adolescents may exhibit traits similar to NPD, these traits are usually temporary and do not meet the clinical criteria for a formal diagnosis. Genuine symptoms of NPD are pervasive, evident in various social situations, and consistently rigid

over time. Severe NPD symptoms can significantly impair an individual's ability to form meaningful relationships, such as friendships, familial bonds, and marriages. According to the DSM-5, for traits to be considered symptomatic of NPD, they must substantially deviate from societal cultural norms. Individuals with Narcissistic Personality Disorder (NPD) often have a hereditary component, with their parents or close relatives potentially exhibiting similar traits or the disorder itself. Children may develop NPD by observing, imitating, and internalizing behaviors and traits from those around them. Negative childhood experiences, such as trauma, rejection, neglect, or lack of support, can also play a significant role in the development of narcissistic traits. Additionally, overprotective or "helicopter" parenting might lead children to expect and demand similar treatment throughout their lives. This type of parenting can also hinder a child's ability to understand and manage their own emotions, potentially causing difficulties with emotional regulation and resilience when faced with challenges.

Aetiology

Narcissistic personality disorder (NPD) arises from a blend of genetic, environmental, and social factors. It typically develops in adolescence or early adulthood. While children and adolescents may exhibit traits similar to NPD, these are often temporary and do not meet the clinical criteria for a formal diagnosis. Genuine NPD symptoms are pervasive, evident in various social contexts, and consistently rigid over time. Severe NPD symptoms can notably hinder an individual's ability to form meaningful relationships, such as friendships, family bonds, and romantic partnerships. Additionally, NPD symptoms can disrupt social functioning in work, school, or other key societal roles. According to the DSM-5, for traits to be classified as symptomatic of NPD, they must significantly deviate from societal cultural norms.

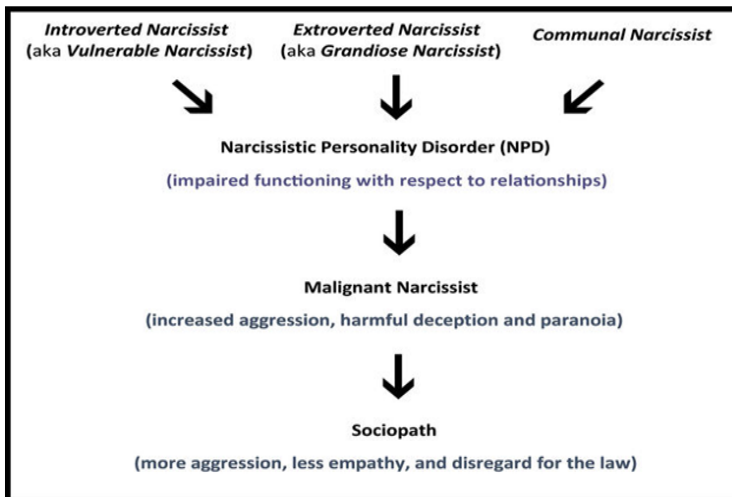
The exact importance of any single risk factor in predicting NPD remains unclear. However, cumulative risks such as childhood unpredictability and harshness, family invalidation, both permissive and authoritarian parenting styles, sensitivity to unspoken emotional cues during infancy,

and genetic vulnerabilities interacting with sociocultural factors all increase the likelihood of developing NPD.

Therapy can be particularly challenging for individuals with narcissistic personality disorder, as they frequently do not recognize their issues as symptoms, despite experiencing significant psychological dilemma. When they do seek treatment, it is often driven by problems in their lives or a need for relief from co-occurring mental health conditions or comorbidities.

This indirect path to psychotherapy is partly due to the fact that individuals with NPD typically have poor self-insight. They often fail to recognize that their behaviors contribute to their mental health issues and are unaware that their actions and perceptions are socially inappropriate, due to their inflated self-image.

Sub types



Narcissistic Personality Disorder has mainly two subtypes: overt and covert. The overt form is defined by traits such as grandiosity, exhibitionism, and a thick-skinned attitude, with behaviors that include attention-seeking, entitlement, and arrogance, often accompanied by minimal visible anxiety. On the other hand, the covert form is characterized

by vulnerability, hypersensitivity, and an introverted, thin-skinned demeanor. The overt type is depicted by egotism, attention-seeking behavior, entitlement, and arrogance, with minimal visible anxiety. These individuals might seem socially charming, yet they are frequently unaware of others' needs, exploitative in their interactions, and harbor feelings of resentment. On the other hand, the covert type is very sensitive to others' evaluations and criticism, often displays inhibition and visible distress, and presents as outwardly modest.

Covert narcissism is more closely associated with introversion and neuroticism, while overt narcissism typically correlates with extraversion and higher agreeableness. Both types are highly self-focused and harbor unrealistically grandiose self-expectations. Covert narcissists tend to mask their problematic behaviors, thoughts, and feelings, whereas overt narcissists openly display classic narcissistic traits. They often come across as ambitious, demeaning, and demanding, portraying themselves as special, important, and entitled regardless of others' needs. The arrogance and self-importance of overt narcissists are evident almost immediately upon interaction. In contrast, covert narcissists share similar thoughts and feelings but express their distinctiveness in less obvious ways, making their traits harder to detect by friends and coworkers. This distinction between overt and covert narcissism has been empirically supported by at least six studies using factor analyses and correlational methods. Rather than viewing these two types as separate forms of narcissism, it is more accurate to see them as exhibiting different clinical features and orientations of the disorder, with some traits being overt and others covert. Overt narcissists frequently display exalted traits, inappropriate exposure, and self-entitlement. However, in times of failure or loss, they may experience feelings of depletion and painful inferiority. Covert narcissists often appear shy and timid but reveal exhibitionistic and grandiose fantasies upon closer contact. Narcissism can also be categorized into three levels of functioning: high, middle, and low. High-functioning individuals use their talents to gain the admiration necessary to meet their grandiose needs, potentially functioning well

throughout life but becoming vulnerable to breakdowns as their desires remain unmet. Middle-functioning patients exhibit typical NPD traits with a grandiose sense of self and limited genuine intimacy. Low-functioning patients, often comorbid with borderline personality disorder, have a more unstable and diffuse sense of self, leading to oscillations between pathological grandiosity and suicidality, resulting in a more chaotic lifestyle. Malignant narcissism, a severe form of NPD, includes antisocial behavior, paranoid tendencies, and a propensity for deriving pleasure from aggression and sadism. These individuals are at high risk for suicide, which may be a form of sadistic control, a rejection of a denigrated world, or a display of mastery over death. Distinguishing noxious narcissism from NPD, as well as from antisocial, paranoid, and borderline personality disorders, is crucial.

Comorbidity

Narcissistic personality disorder (NPD) frequently coexists with so many psychological illnesses. Individuals with this disorder often experience episodes of psychological depression that can meet the clinical symptoms for a comorbid dysthymic disorder. Additionally, NPD is commonly associated with mood disorder and substance use disorders.

The current DSM-5 does not consider Narcissistic personality disorder (NPD) as one of the five important personality disorder types. Instead, its features are now integrated into three elements of the diagram: levels of personality dynamics, general personality ailments, and personality traits. The definitive classification of NPD in the DSM-5 is still pending further research and ongoing scientific debate. Regardless of its DSM-5 classification, research on narcissism will continue. Despite its long history and significant impact on understanding clinical phenomena and societal trends, narcissism has only recently started to receive the attention it merits. While the incorporation of NPD in DSM-III initially induced a surge in academic experimentation interest, this interest has since plateaued (Konrath, 2008). Nonetheless, findings from clinical psychology, psychiatry, and social-personality psychology indicates that a more thorough examination of narcissism is necessary.

Malevolent Dark Triad: Relational Aspects of Narcissism

Individuals with narcissistic traits frequently struggle to maintain interpersonal relationships in various aspects of life, such as at home, at work, and within the community. These relationships can sometimes be emotionally abusive. The cycle of narcissistic abuse begins with idealization, followed by devaluation, and continues until the narcissist discards the person once they are no longer useful. This cycle can be emotionally devastating, making it crucial to recognize the signs when it is occurring.

Narcissistic Ghosting:

Narcissistic Ghosting is another domain, which is often employed as a form of emotional manipulation and a power play by individuals with narcissistic traits. The narcissist might use ghosting to punish, control, or disorient another person. Narcissists often resort to ghosting as a control mechanism and a reflection of their self-centered nature. This behavior can be perplexing and hurtful for those on the receiving end. This behavior can be especially hurtful because it often leaves the other person feeling confused, abandoned, and emotionally devastated. Narcissists may engage in ghosting for various reasons, which are often rooted in their personality traits and desire for control and validation.

Narcissists often seek to have their needs met through relationships with others, using them as sources of admiration, validation, and control. This can lead to dysfunctional and one-sided relationships where the narcissist's needs consistently take precedence.

Manipulation and Control

Highly narcissistic people are motivated by their need for attention, admiration, and control. Ghosting can be a manipulative technique employed by narcissists to keep the other person emotionally entangled, positioning the narcissist as the one who has control over the dynamic.

The sudden withdrawal of attention and affection can leave the person feeling insecure and eager to please the narcissist, thereby boosting the narcissist's ego and sense of self-

importance.

Avoiding Confrontation

Narcissists often avoid uncomfortable conversations, criticism, or accountability for their actions. Ghosting allows them to sidestep these difficult discussions and avoid taking any responsibility for the consequences of their behavior.

Discard

Discarding refers to the instantaneous and often uncaring abandonment or ending of a relationship by a narcissist. This abandonment can happen suddenly, leaving the other person feeling confused and hurt.

Narcissists might even reject a partner when they identify a new source of admiration or validation. This cycle of discarding and seeking new “supply” is characteristic of many narcissistic individuals.

Why do narcissists ghost?

Here are key reasons why narcissists might choose to ghost:

- Ghosting allows them to assert dominance and control over the relationship.
- Narcissists may ghost to avoid difficult conversations or accountability.
- They might use ghosting as a way to punish or manipulate someone for not meeting their expectations or needs.
- If they no longer find the relationship beneficial or stimulating, they may simply move on without explanation.
- Narcissists often ghost when they have found a new person to provide the attention and admiration they crave.
- Despite their outward confidence, some narcissists ghost to avoid emotional intimacy and vulnerability.



Narcissist Hoovering:

Coined after the Hoover vacuum, “hoovering” is a manipulative tactic used by narcissists to draw you back into their lives and regain control over you. This draining dynamic reinforces a toxic cycle of idealization, devaluation, and discardment. Hoovering, a hallmark of toxic relationships, manifests in various ways with the aim of re-engaging and controlling the person, similar to a fisherman casting a line or a puppeteer manipulating a puppet.

Hoovering disrupts your life by shifting your focus back to them and their internal world, hindering your own healing process. While it may seem subtle, it is a significant power play. At its core, hoovering is a manipulative strategy designed to entice you into renewed contact and reintroduce you to a tumultuous relationship characterized by extreme highs and lows.

This tactic is commonly used by individuals with narcissistic, borderline, antisocial, or histrionic personality disorders. It is generally abusive, intended to capture the victim’s attention. If an unsuspecting individual cannot see through the partner’s motives, they may be deceived by their words or promises.

When a relationship with a narcissist ends, it can bring up uncomfortable feelings that the narcissistic partner may not be emotionally equipped to handle. To avoid facing this

discomfort, narcissists often instinctively reach out to their former partner – who typically has empathy and sensitivity – using a tactic known as “hoovering.” This behavior is driven by their desire to avoid pain and redirect it elsewhere. While they may care about you as a person, their primary concern is what you can provide to fill their own sense of emptiness, as they are unable to fulfill it themselves.

However, not every instance of an ex reaching out is hoovering. There is a crucial difference between contacting an ex to rebuild healthy communication and reaching out with a self-serving agenda. The latter prioritizes the narcissist’s needs over genuine mutual exchange, indicating an imbalance rather than a fair and reciprocal interaction.

NarcissistBreadcrumbing:

Narcissistic breadcrumbing is a strategy where someone offers minimal communication to maintain the other person’s interest – departing “breadcrumbs” – while avoiding deeper engagement or the development of a genuine relationship. They make enough contact to hint at the possibility of a genuine connection while keeping the other person longing for more.

Characteristics of breadcrumbing behaviours in a relationship:

- Texting, emailing, or direct messaging occasionally but avoiding requests to spend time together.
- Commenting on social media posts without engaging in direct communication.
- Being attentive and flirtatious in person but not making plans to meet again.
- Sending memes via text or social media without further interaction.
- Texting frequently without actually getting to know each other.
- Making vague plans that never materialize.
- Showing interest one day and disappearing the next.

- Displaying a primary interest in sex.
- Making you feel guilty or responsible for issues in the “relationship” when you question it.
- Exhibiting inconsistent communication, such as not responding to texts but reaching out on Snapchat.

Narcissist Triangulation:

Narcissists often employ triangulation, a manipulation tactic that involves introducing a third party—like a friend, family member, ex-partner, colleague, or even an imaginary figure—to stir conflict in relationships. This method enhances the narcissist’s ego, allows them to maintain control, and feeds their need for admiration. The consequences of narcissistic triangulation can be deep and enduring, leading to considerable emotional and psychological damage. Overcoming this manipulation necessitates time, patience, and self-reflection, along with effective strategies to help victims regain their self-worth and reconstruct their lives.

Narcissists fear intimacy, vulnerability, & abandonment

Many professionals struggle to differentiate between borderline personality disorder and covert or vulnerable narcissism because narcissists, despite their unconscious fear of abandonment, also fear enmeshment or being controlled by others. Consequently, covert narcissism is considered a subtype of narcissistic personality disorder. Both NPD and BPD, especially covert narcissism, share several common traits or comorbid features.

At the heart of these disorders lies a profound fear of abandonment. Narcissists often place their own needs, desires, and sense of self-importance above others’. This fear may stem from experiences of abandonment, constant demeaning, or rejection by a primary caregiver in childhood, or feeling devalued by a parent. Because this fear is deeply buried, narcissists often deny its existence, whereas individuals with BPD are generally more aware of their deep-seated fear of abandonment. To counteract this fear, narcissists develop a facade of grandiosity or machismo and deny their reliance on others. This “false self” often obscures their true self, which

is an immature, fearful child dependent on others for love and affection. When a narcissist disregards you, it signifies hurt, but they avoid revealing their vulnerable, scared inner child due to fear of negative outcomes like abandonment. By remaining silent, they protect themselves from vulnerability and avoid showing that they are hurt.

Case Study on Narcissistic Personality Disorder

“Malicious Self Love- Narcissism Re-evaluated”

Dr. Paul was referred by a friend of him for psychological consultation, He was an attractive, handsome, unmarried man in his late 30s, who looked slightly younger than his chronological age and by profession he is a Professor. According to the case history, his father was an army officer and mother was housewife, and he had one younger siblings. In childhood his parents were emotionally distant, physically abusive, indifferent to him while he was growing up. He was always told to be an achiever in his field, and became dependent on his mother for decision making, or making any kind of choice, his mother was overly involved in her son's business, including his friendship, his wardrobes, his finances. After growing up, he was involved in multiple romantic relationships, and sexual activities. But in all of those relationships he felt a severe commitment issues from his end and those relationships were not long lasted.

He had presented the symptoms of having a grandiose self-image, as he considered himself as a beautiful charming talented person, expecting others to give him special treatment and attention, exploited others for personal gain. According to the informant he lacks empathy, unwilling to recognize others feelings and needs, gets bored easily, uses passive aggressive behavior, tried to seek sadistic pleasure in romantic relationships, intentionally lied to others, could not take any responsibilities, infidelity in relationships, confused about his needs and priorities, extremely manipulative, secretly gets off on other people's suffering. He was seeking always self-entitlement, indulged into selfish actions.

He was diagnosed with Narcissistic personality disorder, though he claimed that he never used counselling services,

and he is not taking any medications at the moment. His previous physical examination was a year ago, and there are no substantially important points in his medical history.

Dr. Paul was administered a semi-structured clinical interview and mental status exam. Results were unremarkable. No additional tests were administered. Treatment plan was made by conducting weekly CBT sessions, talk therapy, dialectical behavioral therapy.

Another case of an individual named Mr. Das discovered with narcissistic PD, age 48, He frequently regarded himself as above others, had a grandiose sense of self, and reported despising others, yet at his core, he had a fragile self-image. He embodied the role of the supreme care provider, which led to boredom, anger, and a lack of satisfaction in his life. The patient made an effort to oversee their own therapy, by not following whatever suggested for him. As a result, the therapy stagnated and progress was limited. During this time, the patient recognized that his actions were driven by avoidance, as he was reluctant to reveal his vulnerabilities and flaws.

Throughout the course of treatment, the patient's ability to manage emotions and engage in self-reflection improves, leading to a more integrated and realistic sense of self that aligns with healthier personality functioning.

Treatment

In the therapeutic field, individuals with NPD, often without apparent symptoms, typically seek treatment because of severe emergencies triggered due to occupational, vocational, personal, or social breakdown or losses. Patients may seek help due to demands or family mandates, employers, or the court, or due to a growing feeling of dissatisfaction or lack of meaning in their lives. The degree of motivation can vary significantly, influenced by the urgency of the situation and the presence or absence of external support that may reinforce their self-centered attitudes and behaviors.

It is very difficult and challenging to build therapeutic alliance between patients with NPD and therapist, narcissistic

individuals may display a range of behaviors, from critical, avoidant, or dismissive to engaging, articulate, and seductive. Therapists frequently observe that the functioning of narcissistic patients often diverges from their own self-perceptions or understanding of their problems. While certain elements of narcissistic pathology may be more obvious, patients might initially be unaware of, unable to address, or unwilling to confront these issues. Conversely, patients may be keenly aware of and troubled by problems that others find insignificant or dismissible.

A suggested treatment approach is interdisciplinary, eclectic, flexible, and collaborative, tailored regarding the individual patient's functioning, motivation and level of self-projection and self-reflection. It is important to manage the patient's tendency to reject or devalue the therapist and withdraw from treatment while also encouraging them to confront and reflect on their emotions and behavior. The clinician should prioritize issues that the patient views as urgent and relevant and align with the patient's own understanding of these problems. Understanding that conspicuous narcissistic traits and patterns often act as protective mechanisms for the individual's vulnerable sense of self and self-reflection can inform the therapist's approach and intervention strategies.

Therapeutic interventions should be customized to address each patient's unique issues, functioning, and needs. Important considerations include the patient's motivation, curiosity, and capacity for self-reflection, along with external factors in their personal, social, or professional life that could influence treatment effectiveness. There are numerous approaches and modalities available; some are particularly designed for NPD, while others may be relevant for particular narcissistic patients but not universally applicable.

Goals of therapy for narcissism may include:

1. Identifying behaviors and traits that negatively impact a person's life
2. Exploring traumas that may have influenced one's behaviors

3. Establish emotional and interpersonal safety
4. Focus on interpersonal skill development
5. Identify and manage coping mechanisms
6. Manage self-talk
7. Learning empathy skills
8. Work to show up authentically

Therapy that focuses primarily on changing thoughts and behaviors in order to improve the overall functioning of individual with NPD is typically some form of **Cognitive Behavior Therapy**. This method specifically works to help people identify how their thoughts and feelings impact their behaviors and to give them control over choosing a new external behavior when difficult thoughts and emotions come up.

For narcissistic personality disorder, CBT can be helpful to disrupt behaviors that cause strain within their relationships. CBT can also help narcissists challenge distorted and inner beliefs about themselves that can trigger emotional outbursts and narcissistic rage.

CBT techniques include:

- **Cognitive restructuring** includes examining and challenging thought patterns and replacing them with healthier and more helpful thought patterns.
- **Journaling**: Journaling helps patients notice and keep track of thought patterns and viewpoints/beliefs, as well as an exercise to reinforce new beneficial thought patterns.
- **Situational exposure**: Situational exposure can help a person face their fears and to reduce the avoidance that worsens fears over time.
- **Relaxation/stress management exercises**: Stress management techniques are used in tandem with exposure and journaling in order to help a person feel in control of managing their emotional state during distressing feelings and thoughts.

Schema therapy combines aspects from cognitive-behavioral therapy approaches, Gestalt, and object and attachment relations theories. The schema therapy approach believes that people develop “schemas” that help them make sense of their lives and experiences, and people use these categories to determine the most likely outcomes in any given situation to save time and energy.

Since narcissism is generally considered an adaptive mental health disorder in response to genetics and childhood trauma, it can be helpful to re-examine the schemas a narcissist may develop to cope with abnormal situations in their childhood. Replacing unhelpful schemas can be a huge first step in changing how narcissists approach others and the world.

Schema therapy techniques that may be used include:

- **Limited reparenting:** Examining the parenting received in childhood and filling any unmet gaps in adulthood can help a person to make sense of and move forward from dysfunctional and toxic parenting that influenced their NPD.
- **Empathetic confrontation:** The therapist nonjudgmentally confronts maladaptive thoughts and behavioral patterns to address and reduce reactivity to narcissistic injury.
- **Guided imagery:** Imagining various scenarios and triggers as well as a person’s response to them can help a person to feel empowered to approach situations differently in the future.
- **Narrative development:** By creating a “narrative” of one’s life, one can better see how they developed certain schemas as adaptive behaviors and reduce shame and resistance to behavioral change moving forward.

The psychodynamic treatment approach for narcissistic personality disorder (NPD) aims to address the underlying emotional conflicts and self-structure issues contributing to the disorder. This approach delves into the client’s early life experiences and relational patterns to uncover how these factors shape their current behavior and self-perception. By

exploring unconscious motivations, defense mechanisms, and core self-esteem issues, psychodynamic therapy seeks to foster greater self-awareness and emotional insight. The goal is to help individuals with NPD develop healthier self-concepts, improve interpersonal relationships, and achieve a more balanced sense of self-worth, thereby reducing the maladaptive patterns characteristic of the disorder. Transference-focused psychotherapy for Narcissistic Personality Disorder (NPD) targets core elements of narcissistic behavior, such as defensiveness, aggression, entitlement, and extravagance, as well as sensitivities to envy, humiliation, shame, and inferiority. This method is well-suited for individuals who benefit from engaging in active, interactive exploration, where direct interaction and eye contact help address emotional detachment and disengagement. The approach is adaptable, adjusting to the severity of the narcissistic traits and employing a less interpretive technique for those with more sensitive personality structures.

Intensive psychoanalytic psychotherapy, for patients with more severe narcissistic symptoms, those experiencing acute consequences from these symptoms, or those requiring a more engaged, relational approach due to their character structure, intensive psychoanalytic psychotherapy is recommended, involving two to three sessions per week.

For highly motivated narcissistic patients who exhibit strong capabilities and those seeking to explore free associations, gain insight, and navigate interpersonal relationships with high emotional reactivity and endurance, psychoanalysis is recommended. This typically involves weekly four to five sessions over a period of several years.

Metacognitive interpersonal therapy, a structured treatment for NPD, initiate with a self-referential approach to establish a mutual comprehension of the client's issues. After that it promotes awareness of their own functioning and mental sets, as well as their patterns in interpersonal relationships, and signs of limited autonomy, and behavior. Change is promoted by reinforcing reality and perspective-taking, recognizing typical grandiosity, promoting a critical detachment from past behaviors, and cultivating new ways of thinking, feeling,

and interacting with others. These approaches enhance self-determination and self-sufficiency.

Three techniques like, providing mental health education, offering validation, and pinpointing target behaviors—can be particularly beneficial, particularly when integrated with psychodynamic psychotherapy as part of a comprehensive treatment plan. However, few individuals with pathological narcissism and NPD may perceive these techniques as insignificant, overly targeted, or even intimidating and disruptive, potentially leading to reactions of protest, rebellion, or premature termination of therapy.

Dialectical behavior therapy is focused on helping people to better tolerate emotional distress by developing new skills and strategies for their maladaptive patterns. Skills that a person might learn in DBT could include better interpersonal relating, mindfulness, emotional regulation, and distress tolerance, as well as identifying and replacing current unhelpful patterns.

Much of narcissists' struggles in their relationships stem from an inability to handle distress without high levels of reactivity from narcissistic injury, as well as manipulative and exploitative behavior patterns to meet their needs. DBT can help people with NPD to recognize these patterns, better handle the internal distress and shame they may experience, and respond to others in less destructive way.

Psychoeducation, drawing from DBT principles, all this approach leverages can enhance the comprehension of motivational incentives and explores emotional and intrapsychic experiences to enhance narcissistic patients' internal control and sense of agency. It aims to alleviate their fearfulness of the unknown, loss of having control, and complex emotions and psychological processes. Additionally, it induced encouragement in the patients' motivation and bravery to engage more deeply in treatment, grasp its purpose, and explore underlying emotions and conflicts.

When combined with individual treatment, group therapy can offer corrective opportunities to address issues such as embarrassment, self-reliance, neediness, estrangement, and self-centered illusions. The team setting can progressively

promote and enhance interactions among members, providing chances to cultivate and practice self-forbearance. However, managing the needs of individual members alongside the group's overall needs can pose challenges for both the patients and the group leader.

Psychiatric medication therapy can be propitious for concurrent Axis I conditions, including mood disorder, major depression, or anxiety disorders. Nevertheless, individuals with these conditions are often highly sensitive to side effects, particularly those impacting sexual and cognitive functions, which can result in treatment resistance. Currently, there is no precise therapeutic medication proven to effectively address pathological narcissism or narcissistic personality disorder (NPD).

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