



Narcissist Personality Disorder: Newer Insights & Treatment Options

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Abstract

The story of Narcissus comes from Greek mythology and is most famously told in Ovid's *Metamorphoses*. Narcissus was a beautiful young man, the son of the river god Cephissus and the nymph Liriope. His beauty was so exceptional that it attracted the admiration of both gods and mortals. However, Narcissus was vain and refused to love anyone, even those who were infatuated with him. One of those who fell in love with Narcissus was the nymph Echo. She became captivated with Narcissus and tried to embrace him, but he rejected her cruelly. Heartbroken, Echo retreated to the mountains, where she faded away, leaving only her voice. In some varieties of the story, the goddess Nemesis, who is responsible for punishing excessive pride, took notice of Narcissus's vanity. She led him to a pool of water where he saw his reflection. Enchanted by his own image, Narcissus became transfixed and could not look away. He fell in love with the reflection, unable to realize that it was merely an image and not a real person. Narcissus became obsessed with the image, and in some versions of the myth, he either died staring at himself or wasted away due to his inability to leave the water.

This story symbolizes aspects of Narcissism and lays the ground work to study theories on human behavior, thought process and actions in everyday life as discussed in this review article.

Lasch the American Historian argued that as societies became more individualistic, people started to develop a sense of entitlement and an obsession with self-image, leading to the rise of narcissistic behaviors. He saw this as a reflection of deeper cultural shifts, which includes consumerism, media influence, and the disintegration of traditional social structures, leading to escalation in self-centeredness and a superficial focus on success and appearances. Epidemiological studies have shown that the prevalence of narcissistic traits and NPD has been rising in recent decades. Research has also shown that narcissism can be exacerbated by parenting styles that either excessively praise children or fail to provide adequate emotional support, leading

to a distorted self-image. This review article traces historical contributions of various psychologist, psychiatrist to the theories and conceptualization of Narcissism and NPD (Narcissistic personality disorder), along with its progress to a clinical diagnosis in the DSM classification of mental disorders. It also discusses the epidemiology in recent times and the challenges faced while managing patients with prominent narcissistic traits are discussed.

Keywords: Narcissism; Neurotic Introversion; Akthar & Thomsan Hypothesis

Historical Perspective

A striking question that has been discussed philosophically and scientifically over the ages is what motivates human beings behavior. Earlier models including the traditional drive model suggests that we are motivated by our innate aggression and sexual desires.

Recent and newer relational theories focuses on attachment, need for maintaining relations, and motivational affective systems. As humans, we strive for development and maintaining a balance while functioning and in self-organization, with biological and emotional forces playing a significant role at a more subconscious level.

Psychodynamic Theories

1889: Paul Nacke	First to Use the Term Narcissism
1898:Havelock Ellis	Described Narcissistic Personality Disorder (NPD)
1911: Otto Rank	Links Narcissism to Vanity and Self-Admiration.
1914: Freud	On Narcissism
1921 Karl Abraham	Narcissism and the Anal Character
1964 Erich Fromm	Malignant Narcissism (NPD+ASPD+Paranoid traits)
1967, Kernberg	Narcissistic personality structure.
1971 Kohut	Deficit model of Narcissism
1979 Raskin and Hall	Narcissistic Personality Inventory
1984 Kernberg	Object relations Theory
1980, Narcissistic personality disorder was for the first time recognized in the third edition of the Diagnostic and Statistical Manual of Mental Disorder	

Theodor Adorno

Sociologist and philosopher Theodor Adorno, in his 1968 work, discusses narcissism in the context of his broader critique of modern society, culture, and psychology. His approach is rooted in critical theory, particularly from a Marxist and psychoanalytic perspective. Adorno was influenced by the Frankfurt School's focus on how commercial society shapes individuals, their desires, and their self-perceptions. In his discussion of narcissism, Adorno critiques the way narcissistic tendencies are not simply personal pathologies but are also deeply embedded in the fundamental structures of society. According to Adorno:

- **Narcissism is a Social Phenomenon:** Adorno argued that the rise of narcissistic behavior is a consequence of

the way modern capitalist societies demand individual success, constant self-promotion, and consumerism. In such a society, people are pressured to focus on their own image and personal success, often at the cost of genuine, collective relationships and social solidarity.

- **Self-Objectification and Alienation:** Narcissism, in Adorno's view, is also tied to the alienation of individuals in modern society. People are often turned into commodities or objects, both in their roles as consumers and as workers. Narcissism, then, is not merely self-love but a form of self-objectification. People become obsessed with managing and presenting themselves as products in a society that prioritizes market values over human needs.

- **False Consciousness and Autonomy:** Adorno argued that narcissism contributes to the reinforcement of “false consciousness” the idea that individuals do not recognize how their desires are shaped by oppressive societal structures. Narcissistic tendencies may appear to offer individual autonomy or self-empowerment, but in fact, they mask the larger structures of domination and exploitation inherent in capitalist society.

Deficit Model

Kohut’s self-psychology approach offers the ‘Deficit model’ of narcissism. Kohut’s self-psychology offers the “Deficit Model” of narcissism, which views narcissistic behavior as a result of unmet developmental needs.

As per Kohut, children who are unable to idealize their parents because of the latter’s indifference or cold attitude will feel depressed, and with a chronic sense of emptiness. In adulthood, they tend to seek idealized parental surrogate figures who, inevitably, fails to live up to the high expectations that the narcissists had hoped to find within them [1]. Key Elements of Kohut’s Deficit Model of Narcissism:

- **Self-object Needs:** Kohut argued that individuals have intrinsic needs for certain “self-objects” during development. These self-objects provide essential emotional support and validation, especially in early life. For a child, self-objects often include caregivers (such as parents), who help regulate self-esteem and emotional well-being which is lacking in most cases of Narcissism [2].
- **Narcissistic Deficits:** According to Kohut, narcissistic individuals suffer from a “deficit” in their self-development. This deficit arises when essential self-object needs are not adequately met during early development. If caregivers fail to mirror the child’s feelings or provide enough emotional atonement, the child may develop a fragile sense of self that requires external validation throughout life [2].
- **Narcissistic Vulnerability:** When self-object needs are unmet, individuals may develop an inflated sense of self to compensate for the underlying lack of self-cohesion. This results in narcissistic traits, such as grandiosity, entitlement, and a strong need for admiration. These traits are seen as defensive strategies to protect a vulnerable, fragile self from feelings of worthlessness or inadequacy.
- **Pathological Narcissism:** Kohut believed that individuals with severe narcissistic disorders had profound deficits in their sense of self. This could manifest as an exaggerated sense of self-importance or

an inability to empathize with others.

Object Relations

Otto Kernberg Combines Freudian Theory with Object Relations. Kernberg’s object relations approach gives importance to aggression and conflict in the psychological development of narcissism. This theory focuses on how individuals develop internal representations of themselves and others (called “objects”) and how these representations influence relationships and emotional functioning. Objects In this context, “objects” do not refer to physical things but to mental representations of significant people, especially primary caregivers (like parents). These mental representations are internalized during childhood and guide future interactions.

As per this model early childhood experiences of cold, indifferent or aggressive parental styles push the child to develop feelings of being unique as a retreat [3].

Defense mechanism in Object Relations Theory

- **Internalization:** Early relationships, especially with caregivers, shape how a person perceives and relates to others. Positive early experiences lead to healthy internal objects, while negative or inconsistent experiences can lead to maladaptive internal representations.
- **Splitting:** This is a defense mechanism where an individual perceives others (or themselves) as either all good or all bad, without integrating both positive and negative aspects. This can lead to difficulties in relationships and emotional regulation.
- **Projection:** This involves attributing one’s own unwanted feelings or thoughts to others. It is a way of managing difficult emotions by displacing them onto another person or group.

These feelings in later life evolve into a pathological grandiosity, which acts as a defence against the child’s rage at his inability to internalize good objects. In pathological narcissism, primitive defense mechanisms of idealization, internalization and splitting predominate. As a result the capacity for sadness, guilt and mourning is lacking, and the main affects are shame, envy and aggression. Other central characteristic of narcissism is a severe impairment of the intrinsic motivation to seek nearness and recognize the other as an individual capable of independent thought process.

Akthar & Thomsan Hypothesis

This theory argues that narcissistic individuals struggle to integrate both idealized and devalued aspects of the

self and others. This split in self-representation leads to a fragile and unstable sense of self. Children need consistent and empathetic reflection from their caregivers to develop a cohesive sense of self. Without this, they may develop an inflated or distorted sense of self-importance as a defense mechanism leading to Narcissism. The disorder consists of characteristic deficits in six broad areas of functioning: 1) self-concept, 2) interpersonal relationships, 3) social adaptation, 4) ethics, standards, and ideals, 5) love and sexuality, and 6) cognitive style. Akhtar S [4] states that narcissists appear overtly as grandiose, manipulative, seductive and eloquent. Covertly, however, they are doubt-ridden, envious of others, feelings of sadness and unable to love.

Common defence mechanism as per Akhtar & Thomsan Hypothesis in Narcissism includes Grandiosity, Idealization and Devaluation, Projection and Denial.

Spin Model

One of the important theme in grandiose Narcissism is the comparative perception that is distinctive of status hierarchies. According to SPIN model, narcissists tend to select social situations that offer or appear to have the potential of offering a higher status. Narcissists are more likely to pay vigilant and sustained attention to cues that reveal their own and status of others. When assessing these cues, narcissists form appraisals about the relevant situational characteristics that determine how to obtain status: Can status be acquired through self-promotion (i.e., by increasing narcissists' own status) or other-derogation (i.e., by decreasing others' status). SPIN model conceptualizes narcissism as a dynamic system of regulatory processes [5].

The Construct of Narcissism

Few researches suggest Narcissism consists of two dimensions

- **Grandiose narcissism:** Associated with "arrogance, sense of entitlement, higher self-esteem, aggression, perceived likability, increased risk-taking, and a pervasive lack of empathy. At the same time, individual with traits of narcissism are more often combative toward others. In such instances, they are often perceived as hostile, impertinent and intimidating. Narcissistic individuals often have an inflated sense of their own importance. They may believe they are special or unique and that only others of similar stature can truly understand them. This can manifest in fantasies of unlimited success, power, brilliance, or beauty.
- **Vulnerable Narcissism:** Linked with "egocentrism, low self-esteem, and consisting pattern negative affectivity [6].

Key dimensions include neurotic introversion and

antagonism.

- **Neurotic introversion:** Avoidance and social withdrawal to avoid exposing their fragile self by hiding their feelings and estimations of inferiority, shame, and envy against others.
- **Neurotic antagonism:** Projecting aggressive feelings onto other people and attempting to express their own feelings indirectly.

Three-Factor Model of Narcissism

- **Antagonism:** Characterized by sense of entitlement, arrogance, callousness, being distrustful (e.g., seeing people as evil), and history of taking advantage of others for personal gains.
- **Agentic extraversion:** Narcissists with higher agentic extraversion tend to have higher self-esteem, proactive (not reactive), reward-seeking (than punishment-avoidant). Agentic extraversion is linked more strongly with grandiose narcissism than with vulnerable narcissism [7].
- **Neuroticism:** Narcissists with higher levels of neuroticism have low self-esteem, emotions that are self-cognizant (e.g., shame, envy aggression), difficulties maintaining prolonged and meaningful relationship, and difficulty in healthy emotion regulations. Neuroticism is linked more closely with vulnerable or covert narcissism.

In the study Disorders of Personality: DSM-IV-TM and Beyond (1996), Theodore Million suggested five subtypes of NPD

- **Unprincipled Narcissist:** Deficient conscience, unfaithful, deceitful, dishonest, egotistical, exploitive, controlling, disdainful, malicious.
- **Amorous Narcissist:** Sexually and emotionally seductive, tempting, averse to real intimacy, prone to giving into hedonistic desires and instant gratification, compulsive lying and usually having multiple affairs.
- **Compensatory Narcissist:** Deep feelings of inferiority and low self-esteem with fragile ego, tries to equipoises deficits by creating illusions of being superior.
- **Elitist Narcissist:** Feels privileged and empowered by virtue of special childhood status and pseudo-achievements, seeks favoured status, cultivates special status and advantages by association.
- **Normal Narcissist:** Least severe and most interpersonally concerned and empathetic. Feels

entitled but deficient in reciprocity, self-confident, competitive, feels unique; talent in leadership positions expects recognition from others.

Narcissism of any type is it grandiose, covert and malignant forms are a mix of antagonism, extraversion, and neuroticism.

Narcissism as a Clinical Spectrum

The DSM-5 narcissism guidelines feature of narcissistic personality disorder:

1. Has a grandiose sense of self-importance.
2. Is preoccupied with fantasies of unlimited success, power, brilliance, beauty or ideal love.
3. Believes that he or she is special and unique and can only be understood by or should associate with other special high-status people.
4. Requires excessive admiration.
5. Has a sense of entitlement.
6. Is interpersonally exploitative.
7. Lacks empathy: is unwilling to recognize or identify with the feelings and needs of others.
8. Is often envious of others or believes that others are envious of him or her.
9. Shows arrogant, haughty behaviors or attitudes.

An individual must have at least five out of nine of these traits, and many of which can start appearing at a young age.

Prevalence

Prevalence of lifetime NPD was 6.2%, with rates greater for men (7.7%) than women (4.8%) as per various studies and as given in DSM 5. Of those individuals 50%–75% are males. NPD is associated with mental disability more in men than women. Have various comorbid conditions which include substance use disorders, mood symptoms (such as depression and mania), anxiety disorders, and other personality disorders [8].

Brain Structure and Narcissism

Empathy is conceptualized as the ability to affectively experience other persons' emotional states and as the ability to recognize and understand other persons' emotional states. Narcissism is most importantly associated with a chronic and pervasive lack of empathy among other core features as described in earlier sections. Low empathy scores in pathological narcissism is associated with more with grandiosity. Part of the brain responsible for empathy is the cerebral cortex, specifically the Anterior Insular cortex [1]. Pathological narcissists have less gray matter in a part of the cerebral cortex called the left anterior insula [9]. Various studies show positive correlations of individual with high NPI (Narcissistic Personality Inventory) scores with grey matter in multiple prefrontal cortical areas (including the medial and ventromedial, anterior/rostral dorsolateral

prefrontal and orbitofrontal cortices, sub genual and mid-anterior cingulate cortices, insula, and bilateral caudate nuclei). Studies from functional MRI reveals a Hyperactive amygdala

Reduced prefrontal inhibition, Abnormalities in frontolimbic circuitry, including at the ventral striatum, amygdala, hippocampus, insula, and orbitofrontal, prefrontal, or cingulate cortexes [10]. Individual with high Narcissistic traits as measured by NPI score have reduced right dorsolateral prefrontal thickness. Neuroimaging study shows lower deactivation of right Anterior Insula, and a dysfunctional Salience network.

Treatment

Transference-Focused Psychotherapy

Transference-Focused Psychotherapy is a psychodynamic treatment that explores the emotional and relational difficulties experienced by individuals with NPD and similar personality disorders. By focusing on the patient's internal world, including their grandiosity, defensiveness, and vulnerability to shame, TFP aims to foster deeper self-understanding and emotional regulation, ultimately improving interpersonal functioning. Core concept of this therapy includes Transference which refers to the unconscious redirection of feelings, desires, and expectations from significant past relationships onto the therapist. This concept is central to understanding how patients relate to others and how they often distort or misinterpret interpersonal dynamics based on early experiences. The therapist focuses on identifying and analyzing the transference patterns that arise in the therapeutic relationship. TFP specifically targets the understanding of complex emotions and defense mechanisms like aggression, envy, grandiosity, and defensiveness. These are often seen in patients with NPD, where their fragile self-esteem and sense of superiority might trigger these intense feelings in response to perceived slights or failures [11,12].

Mentalization-Based Treatment

Individuals with NPD often struggle with empathy, which is the ability to recognize and understand others' emotions, and with self-reflection, which is necessary to accurately assess their own emotional states. This lack of mentalization can lead to:

- Difficulty in understanding how their actions affect others.
- A tendency to misinterpret others' intentions or emotions.
- Distorted self-views, either inflated or overly negative.

One of the key goals of MBT in NPD is to help patients develop a greater sense of empathy for others and an

awareness of how their behaviors impact relationships. In NPD, individuals tend to prioritize their own needs for admiration and recognition, often at the expense of others. By focusing on the emotional states of others and recognizing the interconnectedness of thoughts, feelings, and actions, patients can improve their ability to empathize and engage in healthier, more balanced relationships. MBT helps patients understand how their interpersonal dynamics such as idealizing or devaluing others are influenced by their own mental states and how they project these onto others. By working with the therapist to mentalize the dynamics in the therapy room, patients can gradually generalize this understanding to their relationships outside of therapy. In Mentalization-Based Treatment, the therapist plays a crucial role as a mentalizing partner. The therapist helps the patient step outside their immediate emotional reactions, reflect on their thoughts and feelings, and explore how these are shaped by interactions with others [13].

Schema-Focused Therapy

Schemas are seen as deeply ingrained patterns of thought that develop early in life, often as a result of negative experiences, unmet emotional needs, or dysfunctional relationships. In NPD, schemas typically arise from early childhood experiences that involve:

- Neglect or emotional unavailability from caregivers.
- Excessive admiration or overvaluation, leading to a fragile sense of self-worth.
- Rejection or criticism, resulting in feelings of inadequacy, shame, and a need to hide vulnerabilities behind a facade of superiority.

Common schema modes include

1. The Grandiose Self Mode
2. The Vulnerable Child Mode
3. The Detached Protector Mode
4. The Angry/Hostile Mode

SFT works to identify and shift these modes, helping the person recognize when they are acting from an unhealthy schema mode (e.g., the Grandiose Self Mode) and move toward healthier, more adaptive ways of processing emotions and interacting with others. The therapist helps the individual with NPD identify the early schemas that have shaped their current self-image and interpersonal relationships. For example, they may explore how experiences of emotional neglect led to a schema of defectiveness/shame, or how excessive admiration led to a schema of entitlement/grandiosity.

The therapist also Challenges Maladaptive Coping Strategies, Enhance Emotional Awareness and Empathy, Develop Healthier Self-Esteem. One of the key goals of SFT in NPD is to address the hidden vulnerability behind the defensive

grandiosity. Individuals with NPD typically have a fragile self-esteem that they protect by creating a façade of superiority or perfection. SFT focuses on helping individuals confront their feelings of shame, defectiveness, and inadequacy and develop more realistic, adaptive beliefs about themselves and their worth. This process often involves exploring past experiences of neglect, rejection, or overvaluation and understanding how these experiences contributed to the development of maladaptive schemas. Over time, this enables individuals with NPD to reduce their dependency on external validation and to develop healthier, more stable self-esteem [14].

Meta-Cognitive Interpersonal Therapy

Meta-cognitive interpersonal therapy for NPD is a manualized step-by-step treatment developed in Italy by Giancarlo Dimaggio and colleagues focusing on perfectionism. Meta-Cognitive Interpersonal Therapy focuses on helping individuals develop a better understanding of their own mental states (meta-cognition) and how these mental states affect their relationships with others [12].

Key Ideas includes

- **Meta-Cognition:** This refers to the ability to think about and reflect on one's own thoughts, feelings, and behaviors. In the context of MCIT, it involves becoming aware of how one's thoughts influence emotions and interpersonal actions. For people with NPD, the lack of meta-cognitive awareness often contributes to distorted views of self and others, impulsive behaviors, and emotional dysregulation [15].
- **Cognitive Interpersonal Processes:** MCIT explores the relationship between how individuals think about themselves, others, and their relationships, and how these thought patterns shape behavior. For individuals with NPD, cognitive processes often include distorted perceptions of their own superiority, entitlement, and emotional detachment.

In NPD, the following meta-cognitive issues are often addressed:

- Overvaluation of Self
- Inability to Reflect on Others' Mental States
- Difficulty with Emotional Regulation

The therapeutic relationship in Meta-Cognitive Interpersonal Therapy is key to the success of treatment. The therapist serves as a meta-cognitive coach who helps the individual reflect on their thoughts, feelings, and behaviors, especially in the context of their interpersonal relationships. The therapist provides a safe, empathetic space where the patient can confront difficult emotions and practice new ways of thinking and relating to others [12,15,16].

Dialectical Behavior Therapy

Dialectical behavior therapy is a manualized treatment developed by Marsha Linehan in USA. It combines individual and group therapy sessions and integrates cognitive-behavioral principles with acceptance and mindfulness originating in Buddhist philosophy. Group skills-training sessions are used to promote mindfulness, emotion regulation, distress tolerance and interpersonal issues in relationships [17-23].

Therapeutic Challenge

Individuals with Narcissistic traits may present to primary health care services with a multiple and varied complaints that have a shared theme of their life experience, and to be precise of their relationships which most of the times does not live up to their raised expectations. A sense of being wronged, victimhood, strong entitlement and a belief they got a raw deal in relationship is common [24-35].

At times patient blaming intimate partners and others in their life for treating them badly or criticizing them for various faults that they see in other people in their life but very repeatedly deny any problems in themselves. At times patients with Narcissistic traits also report problems with law which they tend to minimize or believe that it is not because of their actions. Infrequently they may be referred for mental health evaluation because of associated mental conditions, such as a depressive disorder, or suicidal ideation. Other associated symptoms include social isolation, sexual dysfunction, irritability and aggression, and an increasing reliance on drugs and/or alcohol to elevate mood. People with NPD are often difficult to engage in treatment, as they have difficulty of building a therapeutic alliance. Not infrequently they have problems to adhere to mutually agreed goals within a clearly outlined treatment frame in the initial stages of any treatment offered [36-39].

Infrequently if a therapeutic process can be initiated, frequent breaks in the therapeutic relationship should be anticipated, often precipitated by the patient feeling of being criticized or unfairly treated by the clinician. At times individuals may resort to complaining against the therapist.

During process of treatment emotions can range from resentment to perceived superiority by clinician to making an extra effort to please the clinician. At times such individuals are often skilled at learning what is expected of them in therapy and may report improvement without evidence of any real therapeutic benefits. Few researches suggest individual with NPD show improvement after prolonged treatment which involves a team of committed mental health professional family members and acquaintance.

Recent figures show about 52 percent of individuals show some improvement following treatment. However there have been fewer researches to show the period to which these improvements sustain.

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